



Qualified Business Reply Mail (QBRM) Application

This application is made to distribute Qualified Business Reply Mail (QBRM) cards, envelopes, or self-mailers prepared and distributed for return without prepayment of postage under DMM 507. QBRM rates and the additional per piece charge will be paid on all pieces returned under this privilege.

Applicant agrees to prepare pieces in accordance with DMM 201, 507, and 708, understands that failure to conform with these requirements may result in an inability to receive QBRM rates. Applicant must submit this completed form and either:

1. 10 BRM samples, or;
2. 10 actual paper mockups cut to the dimension of the BRM piece, PMS ink color, and a pre-production sample or artwork.

QBRM special First-Class postage rates and applicable per piece charges apply on pieces up to 2 ounces.

NOTE: The address of mailpieces distributed under the QBRM program must include the unique ZIP + 4 that is pre-assigned for the BRM piece and that identifies the type of BRM, the applicable rate, and the individual permit holder.

Enter each BRM ZIP+4 and check(✓) to indicate the rate(s) at which your QBRM will be returned:

| ZIP + 4 | Basic QBRM | | | High Volume QBRM | | |
|---------|---|---|---|--|--|--|
| | Postcard Rate (\$.211 + .06 = .271) | 1 Oz. Letter Rate (\$.358 + .06 = .418) | 2 Oz. Letter Rate (\$.358 + .24 + .06 = .658) | Postcard Rate (\$.211 + .008 = .219) | 1 Oz. Letter Rate (\$.358 + .008 = .366) | 2 Oz. Letter Rate (\$.358 + .24 + .008 = .606) |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Permit Information

| | |
|------------|-------------------------|
| Permit No. | City and State of Issue |
|------------|-------------------------|

Holder's Name

Mailpiece Information

Attention Line

Company/ Organization Name

Street/ PO Box

City, State, ZIP + 4

Contact Person

| | | | |
|----------------------|---|-----------|------|
| Printed Name | By signing this application, I certify that all future QBRM envelopes/cards will be produced with equivalent paper stock, and meet the paper thickness requirements of 0.007 inch for postcard dimension, and 0.009 inch for letter-size dimension. NOTE: failure to meet requirements may result in an inability to receive QBRM rates. | | |
| Title | | | |
| Telephone No. () | Fax Number () | Signature | Date |

Send completed form and attachments to:

DJ JOE LOCKERY
MAILPIECE DESIGN ANALYST
UNITED STATES POSTAL SERVICE
50 BREWERY ST
NEW HAVEN CT 06511-9632
PH-203-782-7054
FX -203-782-7053