

## Application for Delivery of Mail Through Agent

See Reverse for Instructions, D	efinitions, A	Agreement	Terms, and	the Privacy Act Statement.				
1. Private Mailbox (PMB) Information				8. Photo ID Information for Applicant <sup>9</sup>				
1a. Date PMB Opened 1b. Da		o. Date PMB Closed		8a. Applicant's Name	8b. Applicant's ID	8b. Applicant's ID Number		
					CARD			
2. Commercial Mail Receiving Agency (CMRA) Place of Business Information  2a. Street Address to be Used for Delivery  2b. PMB #				8c. Issuing Entity PASSPORT OF	AGE EXILATION Da	te on the ID		
102 W. SERVICE RD			PASSPUTT					
2c. City	2d. State	2e. ZIP + 4	®	8e. Photo ID type (check one)				
CHAMPLAIN	NY	12919	-4440	<ul> <li>□ U.S. State/Territory/Tribal Driver's or Nondriver's ID Card¹⁰</li> <li>□ Uniformed Service ID</li> <li>□ Passport</li> <li>□ Certificate of Naturalization</li> </ul>		l! <b>4</b> !		
3. Type of Service Requested  □ Business/Organization Use <sup>2</sup> □ Residential/Personal Use <sup>3</sup>				□ U.S. Access Card □ Matricula Consular □ U.S. Permanent Resident Card □ U.S. University ID Card □ NEXUS Card				
4a. Last Name  4b. First Name  4c. Middle Initial				9. Address ID Information for Applicant <sup>11</sup> 9a. Applicant's Name				
4d. Telephone Number (include area code) 4e. Email Address			9b. Applicant's Street Home Address¹  9c. City  9b. Applicant's Street Home Address¹  9c. City  9d. State  9e. ZIP + 4  9f. Country					
			TOC VERIFICATI					
				ADDRESS				
4f. Applicant's Street Home Address <sup>1,4</sup>				9c. City	9d. State 9e	. ZIP + 4	9f. Country	
4g. City	4h. State	4i. ZIP + 4	4j. Country	9g. Address ID type (check one) — Must Co	ntain the Address in	9b–9f		
				☐ U.S. State/Territory/Tribal Driver's or Nondriver's ID Card¹º				
			☐ Current Lease ☐ Home or Vehicle Insurance Policy					
4k. Is applicant a court-ordered protected individual? $\square$ Yes $\square$ No If "Yes," you must attach a copy of the court order.				☐ Mortgage or Deed of Trust ☐ Vehicle Registration Card ☐ Voter Card				
5. Authorized Individual <sup>5</sup>				10. Photo ID Information for Authorized In	ndividual (if applicab	ole) <sup>9</sup>		
5a. Last Name 5c. Middle Initial			10a. Authorized Individual's Name 10b. Authorized Individual's ID Number					
5d. Telephone Number (include area code) 5e. Email Address			10c. Issuing Entity  10d. Expiration Date on the ID					
5f. Authorized Individual's Street Home Address <sup>1,6</sup>			10e. Photo ID type (check one)					
				☐ U.S. State/Territory/Tribal Driver's or Nondriver's ID Card <sup>12</sup>				
5a City 5h		5h. State 5i. ZIP + 4 5j. Country		Uniformed Service ID Passport Certificate of Naturalization				
5g. City	on. State	31. ZIP + 4	5j. Country					
6. If Transferring PMB Mail to Another Address <sup>7</sup>				11. Address ID Information for Authorized Individual (if applicable) <sup>11</sup>				
6a. Street Address Mail Is Transferred To <sup>1</sup>				11a. Authorized Individual's Name				
6b. City	6c. State	6d. ZIP + 4	6e. Country	11b. Authorized Individual's Street Home Ad	ldress <sup>1</sup>			
6f. Telephone Number (include area code)	6g. Email Ad	dress		11c. City	11d. State 11	e. ZIP + 4	11f. Country	
7 Rucinoss/Organization Information				11g. Address ID type (check one) — Must C	ontain the Address in	າ 11b–11f		
7. Business/Organization Information 7a. Name of Business/Organization 7b. Type of Business			☐ U.S. State/Territory/Tribal Driver's or Nondriver's ID Card¹² ☐ Current Lease ☐ Home or Vehicle Insurance Policy					
7c. Business Street Address¹				12. Exceptions for Additional Recipients	of Mail <sup>13</sup>			
7d. City	7e. State	7f. ZIP + 4	7g. Country	13a. Signature of Applicant <sup>14</sup>		13b. Da	te	
7h. Telephone Number (include area code)	7i. Place of R	Registration <sup>8</sup>		44-0:		441 -		
711. Totophone Number (include area code)	71. Flace of F	logisti ation		14a. Signature of Witness <sup>15</sup>	Ciamat	14b. Da	te	
				Border Mail Agent Signature				