

We need a copy or photo of 2 forms of photo identification. One must have your address.

# Sample

## Application for Delivery of Mail Through Agent



See Reverse for Instructions, Definitions, Agreement Terms, and the Privacy Act Statement.

<b>1. Private Mailbox (PMB) Information</b> 1a. Date PMB Opened		1b. Date PMB Closed		<b>8. Photo ID Information for Applicant*</b> 8a. Applicant's Name Stephanie Brown		8b. Applicant's ID Number AE123456	
<b>2. Commercial Mail Receiving Agency (CMRA) Place of Business Information</b> 2a. Street Address to be Used for Delivery <sup>1</sup> 11320 State Route 9				2b. PMB #		8c. Issuing Entity Canadian Gov.	
2c. City Champlain		2d. State NY		2e. ZIP + 4 <sup>9</sup> 12919		8d. Expiration Date on the ID Jan. 30, 2030	
<b>3. Type of Service Requested</b> <input type="checkbox"/> Business/Organization Use <sup>2</sup> <input type="checkbox"/> Residential/Personal Use <sup>3</sup>				<b>8e. Photo ID type (check one)</b> <input type="checkbox"/> Canadian Driver's or Nondriver's ID Card <sup>10</sup> <input type="checkbox"/> Uniformed Service ID <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card <input type="checkbox"/> Medical card			
<b>4. Name of Applicant</b> 4a. Last Name Brown		4b. First Name Stephanie		4c. Middle Initial A		<b>9. Address ID Information for Applicant<sup>11</sup></b> 9a. Applicant's Name Stephanie A. Brown	
4d. Telephone Number (include area code) 450-971-6825		4e. Email Address sbrown@gmail.ca		9b. Applicant's Street Home Address <sup>1</sup> 4298 Montee St. Huber			
4f. Applicant's Street Home Address <sup>1,4</sup> 4298 Montee St. Huber				9c. City St. Hubert		9d. ZIP + 4 QC. H9Y 7Z2	
4g. City St. Hubert		4h. State QC		4i. ZIP + 4 H9Y 7Z2		9f. Country Canada	
4k. Is applicant a court-ordered protected individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", you must attach a copy of the court order.				<b>9g. Address ID type (check one) — Must Contain the Address in 9b-9f</b> <input checked="" type="checkbox"/> Canadian License or Nondriver's ID Card <sup>10</sup> <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card			
<b>5. Authorized Individual<sup>5</sup></b> 5a. Last Name		5b. First Name		5c. Middle Initial		<b>10. Photo ID Information for Authorized Individual (if applicable)<sup>9</sup></b> 10a. Authorized Individual's Name	
5d. Telephone Number (include area code)		5e. Email Address		10c. Issuing Entity		10b. Authorized Individual's ID Number	
5f. Authorized Individual's Street Home Address <sup>1,6</sup>				<b>10e. Photo ID type (check one)</b> <input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card <sup>12</sup> <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card <input type="checkbox"/> Canadian Medical card			
5g. City		5h. State		5i. ZIP + 4		5j. Country	
<b>6. If Transferring PMB Mail to Another Address<sup>7</sup></b> 6a. Street Address Mail Is Transferred To <sup>1</sup>				<b>11. Address ID Information for Authorized Individual (if applicable)<sup>11</sup></b> 11a. Authorized Individual's Name			
6b. City		6c. State		6d. ZIP + 4		11b. Authorized Individual's Street Home Address <sup>1</sup>	
6e. Country		6f. Telephone Number (include area code)		6g. Email Address		11c. City	
6h. State		6i. ZIP + 4		6j. Country		11d. State	
6k. ZIP + 4		6l. Country		11e. ZIP + 4		11f. Country	
<b>7. Business/Organization Information</b> 7a. Name of Business/Organization Freeport Forwarding Lighting				<b>7b. Type of Business</b>			
7c. Business Street Address <sup>1</sup> 2101 Rue de Fleur				7d. City Montreal			
7e. State QC		7f. ZIP + 4 H2P 1J4		7g. Country		13a. Signature of Applicant <sup>14</sup>	
7h. Telephone Number (include area code) 514-555-2410		7i. Place of Registration <sup>9</sup>		13b. Date 1/30/15		14b. Date	
<b>12. Exceptions for Additional Recipients of Mail<sup>13</sup></b>				<b>14a. Signature of CMRA or Authorized Employee<sup>15</sup></b>			

# Sample

**Section 7 below is for business only. If the form is for personal use, you don't need to fill out this section 7**