



Statement of Mailing with Permit Imprints Third-Class Mail (Regular Rates Only)

MAILER: Complete all items by typewriter, pen, or indelible pencil. Prepare in duplicate if you need a receipt.

Mailer's Information	Post Office of Mailing WASHINGTON, DC		Date		Processing Category (DMM 128) <input type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Machinable Parcels <input type="checkbox"/> Irregular Parcels <input type="checkbox"/> Outside Parcels		USPS Authorized Mailing ID Code(s)	
	Permit No. G300	Federal Agency Cost Code	Mailing Statement Seq. No.					
	Permit Holder's Name & Address (Include ZIP Code) U.S. CONGRESS HOUSE OF REPRESENTATIVES WASHINGTON, DC 20515		Telephone Number 225-4355		Receipt No.			
	Authorized to use nonprofit rates? (DMM 625)* <input type="checkbox"/> Yes <input type="checkbox"/> No		No. Sacks	No. Trays	No. Pallets	No. Other	Sacking Based on <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs. <input type="checkbox"/> Both (DMM 641)	
Name & Address of Individual or Organization for Which Mailing is Prepared (If other than the permit holder)		Name and Address of Mailing Agent* (If other than the permit holder)				Check All That Apply (USPS Only) <input type="checkbox"/> Centralized Postage Payment <input type="checkbox"/> Plant Loaded to <input type="checkbox"/> Plant Verified Drop Shipment to <input type="checkbox"/> Entered at <input type="checkbox"/> Orig. <input type="checkbox"/> Dest. A/O ZIP _____ <input type="checkbox"/> Orig. <input type="checkbox"/> Dest. SCF 3D ZIP _____ <input type="checkbox"/> Orig. <input type="checkbox"/> Dest. BMC _____		

Postage Computation	Entry Discount: None <input type="checkbox"/> SCF <input type="checkbox"/>	Saturation w/s _____ x _____	PCS = \$ _____
	Automation—Compatible Letter (DMM 520) <input type="checkbox"/>	Carrier Route _____ x _____	PCS = \$ _____
Nonletter—.2067 lb. (3.3067 oz.) or Less <input type="checkbox"/>	5-Digit Barcoded _____ x _____	PCS = \$ _____	
Non-Automation—Compatible Letter .2067 lb. (3.3067 oz.) or Less <input type="checkbox"/>	3-Digit Barcoded _____ x _____	PCS = \$ _____	
All Mail More Than .2067 lb. (3.3067 oz.) But Less Than 1.0 lb. (16.0 oz.) <input type="checkbox"/>	3/5-Digit ZIP + 4 _____ x _____	PCS = \$ _____	
	3/5-Digit Presort _____ x _____	PCS = \$ _____	
	Basic Barcoded _____ x _____	PCS = \$ _____	
	Basic ZIP + 4 _____ x _____	PCS = \$ _____	
	Basic _____ x _____	PCS = \$ _____	
		No. Pieces	Rate/Piece = \$ _____
Total Postage →			\$

Certification	The signature of a mailer certifies that it will be liable for and agrees to pay, subject to appeals prescribed by postal laws and regulations, any revenue deficiencies assessed on this mailing. If this form is signed by an agent, the agent certifies that it is authorized to sign this statement, that the certification binds the agent and the mailer and both the mailer and the agent will be liable for and agree to pay any deficiencies.	
	The submission of a false, fictitious or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000 (18 USC 1001). In addition, a civil penalty of up to \$5,000 and an additional assessment of twice the amount falsely claimed may be imposed (31 USC 3802).	
	I hereby certify that all information furnished on this form is accurate and truthful, and that this material presented qualifies for the rates of postage claimed.	
Signature of Permit Holder or Agent (Both principal and agent are liable for any postage deficiency incurred) Director, P.D.S./U.S.H.R.		Telephone Number 225-4355

USPS Use Only	Single Piece Weight _____ pounds	Are the figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Total Pieces	Total Weight	If "Yes" Reason	
	Total Postage			
	Check One <input type="checkbox"/> Verif. Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	Date Mailer Notified	Contact	By (Initials)
	I CERTIFY that this mailing has been inspected concerning: 1) eligibility for the rate of postage claimed; 2) proper preparation (and presort where required); 3) proper completion of the statement of mailing; and 4) payment of the necessary annual fee.			Round Stamp (Required)
Signature of Weigher		Time	AM PM	