

Below are the instructions on how to fill out the Commercial Mail Receiving Agency (CMRA) Form

CMRA 1583 Form Instructions				1. Date Form Was Filled Out				
2. Client's Company Name			3a. Center Street Address					
			3b. Center City		3c. Center State	3d. Center Zip		
4.a. Name of Center (Please leave blank if unknown)			5. Individuals authorized to receive restricted or certified mail.					
4b. Center Address								
4c. Center City	4d. Center State	4e. Center Zip						
6. Clients Personal Name (Must be person on contract)								
<p>8. Two types of identification required. First ID must contain a photograph of the person listed on this form. Second ID must not contain a photograph. At least one ID must contain the <i>home address</i> listed in section 7 on this form. If both ID's have addresses, they must both match the home address in Section 7.</p> <p><u>Social security cards, credit cards, and birth certificates are **NOT** accepted.</u> Acceptable forms are drivers' licenses, state ID cards, armed forces cards, government or corporate identification card, passport, alien registration card or certificate of naturalization, current lease, mortgage, deed of trust, voter or vehicle registration card, home or vehicle insurance policy.</p> <p>You must not only write the type of ID here, but include any identifying information such as drivers' license number on this form. CLEAR photocopies of these ID's must also be submitted and we need to be able to see the photo and information on the ID. <i>**MUST have two forms of ID for the person who is on the contract, whether they will be receiving mail at the center or not.**</i></p>			7a. Client Home Address. (Must match address on one form of ID) <i>This CANNOT be a PO BOX Number</i>					
			7b. Client Home City		7c. Home State	7d. Home Zip Code		
			7e. Clients Home Phone Number					
			9. Clients Company					
			10a. Clients Business Address <i>This CAN be your home address if no previous address was used as a business address. Please DO NOT put the address you are acquiring through our services.</i>					
			10b. Client Business City		10c. Business State	10d. Business Zip Code		
			10e. Clients Business Phone Number					
			11. Clients Type of Business					
			12. Additional employee names if more than the primary person will be getting mail delivered at the center. <u>Two ID's required for ALL listed here.</u>					
			13. Names of the officers of the clients company. (If a corporation)			14. Clients registered business name, date, & location. (If Applicable)		
15. Signature of Notary Public **REQUIRED**			16. Client Signature (Person on contract. See Section 6 above)					