



Please print or type the required information in the spaces indicated.

General Information

| | | |
|--|--------------------------|---|
| 1. Post Office name: | | State: |
| 2. Name of existing facility: | | |
| 3. Current ZIP Code: | 4. Proposed ZIP Code(s): | 5. Was the proposed number previously assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Proposed facility name: | | If yes, how long has it been unassigned? |
| 7. Number of inactive 5-digit ZIP Codes remaining in the 3-digit area: | | |
| <i>Note: Pending requests are considered active.</i> | | |
| Completed by: | Title: | Phone: () - - |

Mail Distribution Issues (Functions 1 and 4)

1. Please mark any equipment for which Mail Processing will provide a separation for the new ZIP Code.

- | | |
|---|--|
| <input type="checkbox"/> Optical character reader | <input type="checkbox"/> Flat sorting machine |
| <input type="checkbox"/> Barcode sorter | <input type="checkbox"/> Manual sorting case |
| <input type="checkbox"/> BMC (Complete parcel post worksheet) | <input type="checkbox"/> SPBS (Complete parcel post worksheet) |
| <input type="checkbox"/> Other: _____ | |

2. Average daily volume the firm expects to receive in the Unique ZIP Code.

| | | | |
|---------------------------------|--|-------------------------|--|
| Barcoded First-Class Letters | | Barcoded Periodicals | |
| Barcoded Standard Letters | | Nonbarcoded Periodicals | |
| Barcoded First-Class Flats | | Small Parcels | |
| Barcoded Standard Flats | | Priority* | |
| Nonbarcoded First-Class Letters | | | |
| Nonbarcoded Standard Letters | | | |
| Nonbarcoded First-Class Flats | | | |
| Nonbarcoded Standard Flats | | | |

* Complete Package Worksheet on pages 3 and 4.

3. Total volume the firm expects to receive in the unique ZIP Code.

The volume that will be transferred to the proposed ZIP Code is approximately ___% of the total existing ZIP Code volume.

- | | | |
|--|------------------------------|-----------------------------|
| 4. Will this ZIP Code be a service improvement only? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Will this ZIP Code eliminate one or more piece handlings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is this proposed unique ZIP Code for package returns? If yes, complete Package Worksheet on pages 3 and 4. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Complete the savings worksheet, on the next page, for all requests. | | |

Savings Worksheet

Demonstrate on the charts below how the ZIP Code would generate mail distribution savings by either using a more efficient operation or by bypassing a handling. Express savings or cost avoidance in dollars.

Function 1 (Mail Processing Savings)

| | | |
|---------------|--------|-------------------------|
| Completed by: | Title: | Phone: () - - |
|---------------|--------|-------------------------|

| Present Mail Distribution Operation No./Desc. | Average Daily Volume Expected | Average Pieces Per Hour (PPH) for Operations | Daily Work Hours (PPH x Volume) |
|---|-------------------------------|--|---------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | A. |
| Proposed Operation No. | Expected Average Daily Volume | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | B. |

Function 4 (Delivery Unit Savings)

| Present Mail Distribution Operation No./Desc. | Average Daily Volume Expected | Average Pieces Per Hour (PPH) for Operations | Daily Work Hours (PPH x Volume) |
|---|-------------------------------|--|---------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | A. |
| Proposed Operation No. | Expected Average Daily Volume | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | B. |

Add the current daily work hours in Box A. Add the proposed daily work hours in Box B. Subtract Box B from Box A to get daily work hours saved.

| | | | |
|------------------------------------|-------------------|-------------------|--------------|
| | Function 1 | Function 4 | Total |
| Daily Work Hours Saved (A minus B) | | | |
| Clerk Hourly Rate | | | |
| Average Daily Savings | | | |

Parcel Worksheet (continued)

If approved the following changes to distribution will be necessary:

- PPSM:** Primary OTR/ERMC is available
 Lowest ADV OTR that will be moved to secondary: pieces
- SPSM:** Direct secondary slide/OTR/ERMC is available.
 Lowest ADV ZIP Code that will be mixed to accommodate: pieces

Transportation

- Current transportation to DDU/AO/PO can transport OTRs/ERMCs? Yes No
- Is transportation currently in place going directly to the firm? Yes No
- Can current transportation accommodate additional/new volume? Yes No
- Cost to modify or add new contract requirements? \$

**Delivery Unit (Function 4)
DDU/AO/PO**

- Does facility have a platform/dock area to accommodate OTRs/ERMCs? Yes No
If not, what modifications must be made?

How will mail be delivered from office to the firm?

Savings: List LDC 40C daily hours presently used for Parcel Post Distribution hrs.

Proposal will: Reduce these by hrs.
or
Cost avoidance hrs.
(For new expected volume)

Additional Unique ZIP Code Information

| | | |
|---------------|--------|-------------------------|
| Completed by: | Title: | Phone: () - - |
|---------------|--------|-------------------------|

1. Does the firm currently rent Post Office boxes in this facility? Yes No

If yes, how many?

Will the unique ZIP Code replace all of these Post Office boxes? Yes No

If no, explain.

Note: A firm may not use the unique ZIP Code on its business reply mail unless the ZIP Code has been specifically approved for business reply mail.

2. Explain why ZIP+4 codes in the current ZIP Code will not meet distribution requirements.

3. Explain why a shared ZIP Code will not meet distribution requirements.

4. Will the firm print barcodes on its preprinted envelopes? Yes No

5. Print the address that will be used with the unique ZIP Code. **Note:** An address line is required and must be standardized. (See *Publication 28, Postal Addressing Standards*.)

6. Is the letter of agreement from the firm attached? Yes No

7. Explain how and when the firm will implement the unique ZIP Code. Include when new envelopes and letterhead will be printed and when supplies on hand will be exhausted.

8. List all unique ZIP Codes currently approved for the firm at this plant.

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |

9. Attach a completed PS Form 1362, *Status Change Request/Report*.