

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addressees to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)	3a. Address to be Used for Delivery (Include PMB or # sign.)		
4. Applicant authorizes delivery to and in care of:	5. This authorization is extended to include restricted delivery mail for the undersigned(s):		
a. Name Aim High!, Inc.			
b. Address (No., street, apt./ste. no.) 7836 Lone Pine Drive; Building A			
c. City Golden	d. State CO	3d. ZIP + 4® 80403-8040	
6. Name of Applicant	7a. Applicant Home Address (No., street, apt./ste. no)		
8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.	7b. City		
a.	7c. State		
b.	7d. ZIP + 4		
	7e. Applicant Telephone Number (Include area code)		
	9. Name of Firm or Corporation		
	10a. Business Address (No., street, apt./ste. no)		
	10b. City		
	10c. State		
	10d. ZIP + 4		
	10e. Business Telephone Number (Include area code)		
12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)	11. Type of Business		
13. If a CORPORATION, Give Names and Addresses of Its Officers	14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.		

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

15. Signature of Agent/Notary Public

16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)

Instructions to fill out PS1583

Please return 2 (two) copies for EACH individual who will receive mail.

1. Today's Date
2. Your Name (We require that each person complete a separate 1583) Reminder, did we mention, each person needs a separate 1583, except minor children, who must still be listed here! Please list ages of minor children
3. Leave Blank... we will complete with your Lunar Corporate remailing address.
4. If not already inserted, write/type the following address:
Aim High!, Inc.
7836 Lone Pine Drive; Building A
Golden, CO 80403
5. Yes or No (Restricted Delivery is mail ONLY YOU can sign for). This allows us to sign for deliveries made to your mailbox.
6. Your Name
7. Your Home Address a Phone #. This must be a physical address. Even if you are a very small person, you don't live in a PO Box. (*Note, if your home address does not match your ID, you will need to show proof of where you live). (This could be a utility bill, rent agreement, voter registration, etc.)
8. NOTARY MUST COMPLETE, please also include a separate sheet with copies of your IDs and have that notarized as well.
You must provide the Notary Public two (2) of the following forms of identifications.

Government issued ID	University ID	Valid driver's license
Valid state issued ID	Armed Forces ID	Passport
Alien Registration card	Current lease, mortgage, or deed	
Voter registration card	Utility bill	Home or vehicle insurance card
Vehicle registration card	Medical Insurance Card	Medical Prescription Card

(DO NOT USE CREDIT CARD, SOCIAL SECURITY CARD, OR BIRTH CERTIFICATE)
9. If Business, the Name.
10. Business Address. Not my address, your physical business address
11. Kind of Business.
12. Name of everyone in business that receives mail. (Reminder, did we mention, each person needs a separate 1583) More than 3 names incur an additional charge for services. Contact us for details.
13. List Officers
14. Where registered
15. NOTARY SIGNATURE & SEAL
(not necessary if this form is delivered to the Aim High!, Inc. in person)
16. Signature of applicant (YOU)