

Qualified Business Reply Mail (QBRM) Application

This application is made to distribute Qualified Business Reply Mail (QBRM) cards, or other letter-sized pieces prepared and distributed for return without prepayment of postage under *Mailing Standards of the United States Postal Service*, Domestic Mail Manual (DMM[®]) 507. QBRM rates and the additional per piece fee will be paid on all pieces returned under this privilege.

Applicant agrees to prepare pieces in accordance with DMM 201, 507, and 708, and understands that *failure to comply with these requirements may result in an inability to receive QBRM rates.* Applicant must submit this completed form and either:

- 1. 10 actual Business Reply Mail™ (BRM) samples.
- 2. 10 paper mockups cut to the dimension of the BRM piece, PMS ink color, and a pre-production sample or artwork. QBRM service reduced First-Class Mail[®] service postage rates and applicable per piece fees apply on cards and letter-sized pieces.

NOTE: The addresses of mailpieces distributed under the QBRM program must include the unique ZIP + 4° that is preassigned for the BRM piece and that identifies the type of BRM piece, the applicable rate, and the individual permit holder.

A. Enter each	BRM ZIP + 4 and	d a indicate with a ch	neckmark the rate	(s) at which your	QBRM service w	ill be returned.	
1. Basic QBRM Service				2. High Volume QBRM Service			
ZIP + 4	a. Postcard Rate	b. 1 Oz. Letter Rate	c.2 Oz. Letter Rate	a. Postcard Rate	b.1 Oz. Letter Rate	c.2 Oz. Letter Rate	
	(\$.211 + .06 = .271)	(\$.358 + .06 = .418)	(\$.358 + .24 + .06 = .658)	(\$.211 + .008 = .219)	(\$.358 + .008 = .366)	(\$.358 + .24 = .606)	
i.							
ii.							
iii.							
iv.							
B. Permit Infor	mation						
1. Permit No.	2. City and State of Issue						
3. Holder's Name			'				
C. Mailpiece In	formation						
1. Attention Line							
2. Company/Organiz	zation Name						
3. Street/PO Box							
4. City, State, ZIP +	4						
D. Contact Per	son						
1. Printed Name			envelop	By signing this application, I certify that all future QBRM envelopes/cards will be produced with equivalent paper stock, and will meet the paper thickness requirements of 0.007 inch for			
2. Title			postcard NOTE :		09 inch for other le r requirements ma	tter-size dimensions.	
3. Telephone Number code and extension		1. Fax Number (Include are	5. Signatu	re	6.	Date	

Send this completed form and attachments to the postmaster or business mail entry manager at the Post Office™ to which the QBRM pieces are to be returned. Include the complete street address, city, state, and ZIP + 4.



Qualified Business Reply Mail (QBRM) Application Approval

			Permit No.	Post Office™			
			Effective Date				
			Organization Name, Street/PO Box, City, State, ZIP + 4®				
		•					
Dear Custor	ner,						
Your applica	tion 1	for entry into the Qualified Business Reply	, , , -	m at the			
		Post (Office is:				
	Ap	proved for Basic QBRM Service	Approved for	High Volume QBRM Service			
	Attached is a sample Business Reply Mail™ (BRM) piece approved for the QBRM First-Class Mail® service reduced rate plus the applicable per piece fee.						
	an qu	You must have an established BRM advanced deposit account at the Post Office named above. Annual and accounting fees are required at each Post Office where BRM pieces will be returned. An additional quarterly fee is required for high-volume QBRM service. Customers may convert to high-volume QBRM service at anytime the volume warrants. The quarterly fee applies to three consecutive months.					
		The attached sample did not meet the following <i>Mailing Standards of the United States Postal Service</i> , Domestic Mail Manual (DMM [®]) requirements:					
		DMM 201					
		DMM 507					
		DMM 708					
Specify why the	e requ	irement(s) were not met and provide necessary corre	ective action(s)				

Disposition							
Approval	Signature	Date					
☐ Yes ☐ No							