

HOW TO DESIGNATE A PERSON TO PICK-UP YOUR MAIL



Standing Delivery Order

Name and Address of Individual or Firm (include apartment or suite number) Smith, John S. PSC 1 Box 123 APO AP 00001 1		Date Submitted* 3 22 January 2022
Signature and title of person authorized to sign this Standing Delivery Order <i>John S. Smith</i> 2		Telephone Number 4 123-4567

As the above-named individual or firm, I authorize the agent(s) named below to receive all mail addressed to or in care of the above-named individual or firm, including these services; Adult Signature Required, Certified, Insured, C.O.D., Priority Mail Express®, Signature Confirmation™, and unrestricted Registered Mail™. I understand that this Standing Delivery Order will remain in effect until I cancel it in writing. I assume all responsibility for loss, rifling, or damage of the mail after it is delivered to the agent(s) authorized on this form.

*USPS will revoke all orders submitted before this date. NOTE: Authorized Agents are required to provide a valid government- or employee-issued photo identification (ID) verifying their identity before we release the mail.

CUSTOMER INSTRUCTIONS	USPS INSTRUCTIONS
Fill out all non-shaded areas as follows: 1. Add printed name(s) of Authorized Agents. 2. Put a check mark in column that corresponds to the type(s) of Restricted mail (Restricted Delivery, Adult Signature Restricted Delivery) your agent is authorized to pick up. 3. Get agent(s) signature (if available) before you submit this form.	1. At first pick-up; request signature (if missing) and a form of valid government- or employee-issued photo identification (ID). 2. Visually inspect the ID, check the box (if valid), and write in your initials and date. 3. Release the mail to the agent.

AUTHORIZED AGENT(S) – RESTRICTED MAIL (✓) INCLUSION			USPS VERIFICATION			
Agent Name (Printed)	Restricted Delivery Yes (✓) 6	Adult Signature Restricted Delivery Yes (✓)	Agent Signature (Request signature – if missing)	ID Verified Yes (✓) 8	USPS Initials	Date 10
Jane R. Doe 5	✓	✓	<i>Jane R. Doe</i> 7	✓		23 Jan 22
			Expiration: 11			
9 APO Verifying Official Aubrie Williams, SSgt				APO AP 00007 23 Jan 22		12
<i>Aubrie Williams</i>						

PS Form 3801, September 2016 PSN 7530-02-000-9048

INSTRUCTIONS:

Note: Receptacle owner must fill-out the form.

1. Name, unit, and address of receptacle owner making designation.
2. Receptacle owner signs in the presence of an APO personnel.
3. Date of request.
4. Receptacle owner’s telephone number.
5. Designated personnel’s name printed.
6. Insert check mark if the designated personnel is authorized to sign for restricted delivery or adult signature restricted delivery.
7. Designated personnel must sign in the presence of the APO verifying official.
8. APO verifying official must verify designated personnel and insert check mark.
9. APO verifying official prints name and signs.
10. APO verifying official inserts date of verification.
11. Expiration date.
12. All Purpose Date Stamp (APDS)

AS DIRECTED: DODI4525.09_AFI36-365_PACAFSUP_PACAFGM2022-01
SUPERCEDES: PACAFVA36-401, 24 APRIL 2019
OPR: PACAF AIRPS/PO
RELEASABILITY: There are no releasability restrictions on this publication