

# Application for Periodicals Mailing Privileges

See instructions on pages 3 and 4

<b>Filing Status</b>	Type of Publication—See DMM E212	<input type="checkbox"/> Foreign Publication—Complete Parts A and B
	<input type="checkbox"/> General Publication—Complete Parts A and B <input type="checkbox"/> Requester Publication—Complete Parts A and C <input type="checkbox"/> Publication of State Department of Agriculture—Complete Parts A and D <input type="checkbox"/> News Agents—Complete Part A and attach a separate sheet listing the publications you handle and where they are published.	<input type="checkbox"/> Publication of Institutions and Societies With Publisher's Advertising Only—Complete Parts A and D <input type="checkbox"/> Publication of Institutions and Societies With General Advertising—Complete Parts A, D, and E <input type="checkbox"/> Request for Permission to Mail at Special Periodicals Rates—Complete Part F and all other applicable parts

## Part A

<b>Publication Information</b>	1. Title of Publication as Shown on Publication		2. Name of Publisher, Agent, or Organization	3. ISSN (If already assigned)	
	4. Frequency of Issue (Be specific. For example, "weekly," "monthly except June")		5. Number of Issues Published Annually	6. Annual Subscription Price	
	7. Full Name of Owner (Individual, partnership, or corporation)		8. Location of Known Office of Publication, Including County (For foreign publications, agent's address)		
	9. If owned by a corporation, list the names of all stockholders owning or holding 1 percent or more of the total stock. (Attach a separate sheet if necessary)				
	10. Are any of the owners or stockholders interested financially in any business or trade represented by the publication? (Check one)		If "Yes" at left, what is the interest?		
	11. Do any of the persons or concerns that advertise in the publication have any interest therein? (Check one)		If "Yes" at left, what is the interest?		
	12. Is more than one copy of each issue furnished to any one advertiser therein? (Check one)		If "Yes" at left, how many copies are furnished and what are the reasons?		
	13. Date of issue on which application is based. (Usually issue published closest to date of filing)		14. Total Number of Copies Printed (For foreign publications, number of copies imported into United States)		
	15. Contact's Name		16. Contact's Address	17. Contact's Telephone Number	
	I hereby certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information or who omits material information requested on this form may be subject to criminal sanctions (including fines and imprisonment) and/or civil actions (including multiple damages and civil penalties).			18. Signature	
			19. Date Signed		
<b>Postmaster</b>	20. Date of First Mailing Under Deposits After Application Was Filed		21. Amount of Application Fee Paid	22. Date Fee Paid	
	23. Name of Postal Employee to Contact With Any Questions About This Application (Print)		24. Signature of Postmaster	25. Date Signed	
	26. Post Office Address				27. Area Code/Telephone Number

## Part B

<b>Paid Distribution</b>	1. Basic Annual Subscription Price		\$	5. Copies Purchased by Others (Attach a separate sheet showing who purchased, for what price, and for what purposes)	
	2. Subscriptions Received by the Publisher at the Basic Annual Subscription Price From Persons to Whom Publication Is Sent			6. All Single Copies Sold (Newsstand, vendor, street sales)	
	3. Subscriptions Received Under Offer of a Premium or Other Reduction Arrangement (Attach a separate sheet if necessary)			7. Copies Furnished to Actual Advertisers in This Issue to Prove Insertion of Ads (One copy per advertiser)	
	Description of Premium or Reduction Arrangement			8. Copies Exchanged With Other Publications (One copy for another)	
	Publisher's Cost Per Item	Retail Value	Value Represented	9. Other Paid Circulation (Describe)	
	4. Subscriptions Paid for With Dues or Contributions (Attach printed copies of forms used for taking these subscriptions)			10. Total Paid Distribution (Add items 2 through 9)	
<b>Nonsub.</b>	11. Single or Bulk Copies for Free Distribution (Samples/comps)			13. Nominal Rate Subscriptions (DMM E212.1.2)	
	12. Expired Subscriptions			14. Total Nonsubscriber Distribution (Add items 11 through 13)	
<b>Percentage</b>				15. Total Copies Distributed (Add items 10 and 14)	
	16. Unsold Newsstand and Vending Copies on Hand, Inventory for Future Orders, Copies Destroyed, etc. (Attach documentation)			17. Total Copies Printed (Add items 15 and 16. Should match total on press run/order or number imported. Attach press run or print order)	
				18. Percentage of Qualified Subscribers (Divide item 10 by item 15)	

**Application for Periodicals Mailing Privileges (Continued)**

**Part C**

<b>Requester Copies</b>	1. Requests Received by the Publisher From the Persons to Whom the Publication Is Sent ( <i>Not paid subscription copies</i> )		6. All Single Copies Sold ( <i>Newsstand, vendor, street sales</i> )		
	2. Subscription Copies Paid for or Promised to be Paid for Including Those Below Nominal Rate		7. Copies Sent in Fulfillment of Requests in a Manner Not Covered in Items 1 - 6 ( <i>Explain</i> )		
	3. Copies Furnished to Actual Advertisers in This Issue to Prove Insertion of Ads ( <i>One copy per advertiser</i> )				
	4. Copies Exchanged With Other Publications (One copy for another)				
	5. Copies Requested by Employers for Employees by Name or Position ( <i>Attach samples of these requests</i> )				
<b>8. Total Requested Distribution</b> ( <i>Add items 1 through 7</i> )					
<b>Percentage Nonreq.</b>	9. Requests More Than 3 Years Old		11. Total Sample Copies Distributed ( <i>In the mails or otherwise</i> )		
	10. Requests Induced by a Premium Offer or Material Consideration		<b>12. Total Nonrequester Distribution</b> ( <i>Add items 9 through 11</i> )		
	<b>13. Total Copies Distributed</b> ( <i>Add items 8 and 12</i> )				
	14. Unsold Newsstand and Vending Copies on Hand, Inventory for Future Orders, Copies Destroyed, etc. ( <i>Attach documentation</i> )		15. <b>Total Copies Printed</b> ( <i>Add items 13 and 14. Should match total on order or number imported. Attach press run or print order</i> )		
	<b>16. Percentage of Qualified Requesters</b> ( <i>Divide item 8 by item 13</i> )				

**Part D**

Type of Organization ( <i>Complete one row</i> )			Attach to Application
<b>Institutions/Societies</b>	1. <b>Benevolent or Fraternal</b>	No. of Members Publication Is Published: <input type="checkbox"/> By society or order <input type="checkbox"/> Under auspices of society or order	Certified copy of the constitution and bylaws and the resolution or order showing the date publication was adopted by the organization
	2. <b>Society</b>	Type: <input type="checkbox"/> Literary <input type="checkbox"/> Professional <input type="checkbox"/> Historical <input type="checkbox"/> Scientific	
	3. <b>Trade Union</b>	Publication Is Published: <input type="checkbox"/> By trade union <input type="checkbox"/> Under auspices of trade union	
	4. <b>Church or Church Organization</b>	Publication Is Issued By: <input type="checkbox"/> Church <input type="checkbox"/> Church organization	Evidence that the publication is actually issued by a church or church organization
	5. <b>Institution of Learning</b>	Is publication issued by a regularly incorporated institution of learning? <input type="checkbox"/> Yes <input type="checkbox"/> No Is publication issued by a regularly established state institution of learning supported in whole or in part by public taxation? <input type="checkbox"/> Yes <input type="checkbox"/> No Is publication issued by a public or nonprofit private elementary school or secondary institution of learning or its administrative or governing body? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certified copy of the charter, articles of incorporation, legislative act creating the institution and amendments thereto, and, when necessary, evidence to substantiate nonprofit status or support by public taxation
	6. <b>State Agency of Health, Public Charities, Corrections, Agriculture, Conservation, Fish and Game, or Industrial Development</b>	Agency Issuing Publication	Evidence that authorized agency issues the publication
	7. <b>Educational Radio or Television Agency of a State or Political Subdivision of a State, or a Nonprofit Educational Radio or Television Station</b>	Category Under Which Applying	Evidence that authorized station issues the publication

**Part E**

<b>Institutions/Societies w/Adv.</b>	1. Subscriptions From Members Who Received the Publication Paid for by Dues or Assessments, Contributions, or Otherwise ( <i>Attach a certified copy of the resolution or arrangement used for taking these subscriptions</i> )		7. Total Sample Copies Distributed ( <i>In the mails or otherwise</i> )	
	2. Copies Sent to Other Subscribers		8. Disposition and Number of Remaining Copies ( <i>Explain</i> )	
	3. Copies Exchanged With Other Publications (One copy for another)			
	4. Subscriptions Obtained in a Manner Not Covered Above ( <i>Explain in block 9</i> )		9. Explanation From Item 4	
	5. Copies Furnished to Actual Advertisers in This Issue to Prove Insertion of Ads ( <i>One copy per advertiser</i> )			
	<b>6. Total Subscriptions</b> ( <i>Add items 1 through 5</i> )			

**Part F**

<b>Special Rates</b>	1. If this application includes a request for special Periodicals privileges, submit documentation that shows your organization meets the requirements in DMM E270. ( <i>Check one box in either A or B</i> )	<b>A. Nonprofit Category</b> ( <i>Check one box only</i> ) <input type="checkbox"/> Religious <input type="checkbox"/> Philanthropic <input type="checkbox"/> Veterans <input type="checkbox"/> Educational <input type="checkbox"/> Agricultural <input type="checkbox"/> Fraternal <input type="checkbox"/> Scientific <input type="checkbox"/> Labor <input type="checkbox"/> Other Qualified Organizations	<b>B. Rate</b> ( <i>Check one box only</i> ) <input type="checkbox"/> Science-of-Agriculture ( <i>DMM E217.3</i> ) <input type="checkbox"/> Classroom ( <i>DMM E270.4</i> )
	2. Was organization formed for profit or does any net income inure to the benefit of any private stockholder or individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## INSTRUCTIONS FOR COMPLETING PS FORM 3500, APPLICATION FOR PERIODICALS MAILING PRIVILEGES

### APPLICANT

Complete PS Form 3500 when applying for any type of Periodicals mailing privilege. PS Form 3500 consolidates and replaces PS Forms 3501, 3501-A, 3502, and 3511.

Information about Periodicals mail is published in the *Domestic Mail Manual* (DMM). You can access the DMM on the Internet at <http://pe.usps.gov>. Printed copies may be ordered by calling 202-512-1800 and paying the subscription fee.

If you're looking for...	Then turn to...
General eligibility for Periodicals rates	DMM E200
Standards for physical construction and mailpiece components	DMM C200
Postage rates for Periodicals	DMM R200

If you have questions about Periodicals mailing, check the DMM first. If you still need help:

- Call the manager, Business Mail Entry at the district office that serves your ZIP Code. This information is listed in DMM G042.
- Call the USPS help line at 800-ASK-USPS.

All publications must first meet these basic standards to qualify for Periodicals rates:

1. You must show intent to publish issues indefinitely with continuity from issue to issue. Your purpose must be to transmit information of a general or specific nature.
2. You must publish issues at a regular frequency of at least four times a year.
3. You must maintain a known office of publication where normal business is conducted during posted hours.
4. Your publication must be formed of printed sheets.

### Completing the Application

There are several eligibility categories. Consult the DMM for full requirements, including advertising restrictions.

If...	Then your publication may be eligible as a...	And you can read more in...	To apply, complete...
At least 50 percent of your total distribution goes to individuals who have paid above a nominal rate	<i>General Publication</i>	DMM E212.1	Parts A and B
At least 50 percent of your total distribution goes to qualified requesters, whether or not they have paid for the subscription	<i>Requester Publication</i>	DMM E212.4	Parts A and C
Your publication is issued by a state department of agriculture	<i>Publication of a State Department of Agriculture</i>	DMM E212.3	Parts A and D
Your publication originates in another country but you have a known office of publication through an agent or broker in the United States	<i>Foreign Publication</i>	DMM E212.5	Parts A and B
Your publication is issued by an institution or society and contains the institution's or society's advertising only	<i>Publication of an Institution or Society With Publisher's Advertising Only</i>	DMM E212.2	Parts A and D
Your publication is issued by an institution or society and contains general advertising	<i>Publication of an Institution or Society With General Advertising</i>	DMM E212.2	Parts A, D, and E

In addition, if your publication is issued by a nonprofit organization, you may qualify for discounted rates. Read DMM E270 and complete Part F.

If you are a person or business selling two or more publications from different publishers, you are considered a *News Agent*. Read DMM E212.6 and complete Part A. Attach a separate sheet listing the publications you handle and where they are published.

### **Filing the Application**

Submit your application to the post office that serves your known office of publication. Bring all of the following:

1. A completed PS Form 3500.
2. Two copies of the issue of the publication described in this application marked to show the advertising content. Indicate on the cover both the total units (e.g., column inches, square inches, pages) and the percentage of advertising and nonadvertising. If the publication is in a foreign language, provide a brief translation of its contents.
3. The application fee. This fee is nonrefundable and may be paid by cash, check (payable to "Postmaster"), or credit card.
4. If you intend to mail at a post office other than the post office that serves your known office of publication, you must submit a completed PS Form 3510, *Application for Additional Entry*, and pay the applicable fee.

### **Publisher's Records**

You must make adequate records available to the Postal Service to permit verification of the figures on your application. The Postal Service will contact you to schedule this review.

### **POSTMASTER**

Process PS Form 3500 as follows:

1. Review the application for completeness.
2. Complete items 20–27 on page 1. Round-date the application in this area.
3. Forward the application and one marked copy of the publication to the manager of the rates and classification service center (RCSC) that serves your area.

### **RATES AND CLASSIFICATION SERVICE CENTER**

1. Review the application to determine if the basic Periodicals criteria are met.
2. If the criteria are met, the RCSC manager sends a memo to the postmaster or BME manager giving instructions on how to audit the publication, with a list of the specific records to be reviewed. These records may include the following, as applicable:
  - a. Print order and printer's invoice.
  - b. Mailing labels or a mailing list.
  - c. Subscription/requester list.
  - d. Records of newsstand and over-the-counter sales and returns.
  - e. Stubs or copies of receipts issued.
  - f. Records of vending machine sales and returns.
  - g. Records of membership dues paid (if they include a subscription fee).
  - h. Assignment and collection records for carriers other than USPS.
  - i. Cash receipts, cashbook, or similar source records that show subscription payments.
  - j. Records showing the number of copies destroyed.
  - k. Records of gift subscriptions.
  - l. Records of bulk orders.
3. Once the audit is completed and returned, the RCSC manager rules on the application.