The Printing Co. Mail Distribution CHECKLIST – send to Mailing Dept

Job Ticket #	Date to Mail □ Firm □ Flexible
Customer	Job Name
Size of Mail Piece	Quantity of Mail Pieces
Paper Stock	Permit # Postage paid by? TPC Customer
□ Customer Provided Stock	Keep extras for □ Rep □ Customer or □ Dispose
POSTAGE TYPE (Mail Classification)	
 □ 1st Class Single-Piece rate – 200 piece minimum (1st Class Single Piece permit) □ 1st Class Presort – 500 piece minimum (1st Class Presort permit) □ 1st Class Stamps □ Letter □ Postcard – no minimum (no permit) □ USPS Marketing Mail – 200 piece minimum (Marketing Mail permit) □ USPS Nonprofit Marketing Mail – 200 piece minimum (Nonprofit Marketing Mail permit) 	
□ SUPPRESSION (aka Merge/Purge) (compares mailing list to a Do Not Mail list and eliminates duplicates)	
DUPLICATION SEARCH (aka Deduping) (Removes dupes based on search criteria - optional)	ADDRESS QUALITY - MUST PICK 1 OF THE FOLLOWING 2 OPTIONS (not needed with stamps)
☐ One per household (address only)☐ One per person (name and address)☐ None/Other	 □ Address Correction – Basic CASS Certification □ NCOA (aka Move Update) – Basic CASS Certification plus change of address updates
SPECIAL HANDLING	
□ Apply Stamps □ Tabbing # of tabs □ Imprint Permit # □ Hand Sort □ Imprint Return Services - choose 1 below (additional fees may apply) □ "Address Service Requested" □ "Return Service Requested" □ "Change Service Requested" □ "Forwarding Service Requested"	☐ Inserting into Envelope Specify envelope size ☐ By Hand ☐ By Machine Total Inserts: 1 - Size, Paper Stock 2 - Size, Paper Stock 3 - Size, Paper Stock 4 - Size, Paper Stock
☐ MERGED MAILING ☐ NO LETTER MERGE NEEDED	
HOW SHOULD ENVELOPE OR PIECE BE ADDRESSED (the Mailing Address Block) Salutation First Name Middle Name Last Name Suffix Full Name Title Business "Or Current Resident" Other (ex. – "Postal Customer") Address Line 1 Address Line 2 City, State, Zip Barcode	VARIBLE DATA NEEDED FOR PRINTED INSERTED PIECE (exported fields needed by Art Dept) Same as envelope Date Salutation First Name Middle Name Last Name Suffix Full Name Title Business Other Address Line 1 Address Line 2 City, State, Zip Barcode
OTHER NOTES	

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