



# PACT Act Application for Business or Regulatory Purposes Exception — Cigarettes and Smokeless Tobacco

**Eligibility Number:** \_\_\_\_\_ (USPS entry only – issued by PCSC upon approval of application).

**Business or Regulatory Purposes:** The Prevent All Cigarette Trafficking (PACT) Act provides that cigarettes (including roll-your-own tobacco) and smokeless tobacco may be mailed between legally operating businesses that have all applicable state and federal government licenses or permits and are engaged in the import, export, wholesaling, distribution, testing, investigation, research, or manufacture of products subject to the PACT Act, or for regulatory purposes between such businesses and federal or state government agencies. Such mailings are subject to the conditions of Publication 52, *Hazardous, Restricted, and Perishable Mail*, available at <https://pe.usps.com>.

**Privacy Notice:** For information regarding our privacy policies, visit [www.usps.com/privacypolicy](http://www.usps.com/privacypolicy).

## Section A. Application

**Answer the following questions. Please use additional sheets if necessary.**

1. All names of or used by organization:  
\_\_\_\_\_
2. Street address(es) of organization:  
\_\_\_\_\_  
a. Mailing address (if different from street address):  
\_\_\_\_\_
3. City, State, ZIP Code™:  
\_\_\_\_\_
4. Information about the agent or employee completing the application and alternate contact:
  - a. Name and title:  
\_\_\_\_\_
  - b. Telephone number (include area code):  
\_\_\_\_\_
  - c. E-mail address:  
\_\_\_\_\_
  - d. Name and title of alternate contact person:  
\_\_\_\_\_
  - e. Telephone number (include area code):  
\_\_\_\_\_
  - f. E-mail address:  
\_\_\_\_\_
5. Applicant information:
  - a. *Business applicants only:* Describe the nature of business activities (e.g., import, export, wholesale, distribution, testing, investigation, research, manufacture).  
\_\_\_\_\_
  - b. *Business applicants only:* List all applicable state and federal licenses or permits that authorize the entity covered by this application to engage in the applicable business activity or activities. Include the license or permit number, expiration date (if applicable), and activity covered by each license or permit. Attach copies of all supporting documentation.  
\_\_\_\_\_
  - c. *Business applicants only:* If engaged in testing, investigation, or research, provide the expiration of such authorization and a brief statement of the subject of each authorization.  
\_\_\_\_\_
  - d. *Governmental applicants only:* Provide citations to regulations, statutes, or other legal authority under which the entity covered by this application operates.  
\_\_\_\_\_
  - e. *All applicants:* Provide the brand name and description of each product intended to be shipped.  
\_\_\_\_\_

[Continued on page 2.]

---

6. Recipient information:

- a. Provide the name and address of *each* business or governmental addressee to which cigarettes or smokeless tobacco will be mailed, in the form that such information will appear on any package mailed under this application.
- 
- b. For each business entity listed in 6a, describe the nature of that entity's business activities (e.g., import, export, wholesale, distribution, testing, investigation, research, manufacture).
- 
- c. For each business entity listed in 6a, provide information and furnish copies of all recipients' legal status (applicable licenses). Attach copies of all supporting documentation.
- 
- d. For each governmental entity listed in 6a, provide citations to regulations, statutes, or other legal authority under which the entity operates.

---

7. Specify all Post Office™ locations (City, State, ZIP Code) where cigarettes and smokeless tobacco products will be presented.

---

**I certify that I have authority to bind the entity covered by this application, that the statements made by me are true and complete, and that I am fully authorized to make all necessary representations on behalf of the organization that is the subject of this application. I understand that anyone who furnishes false or misleading information on this form or who omits material information requested on the form may be subject to criminal penalties (including fines and imprisonment), civil damages and penalties, and denial of mailing privileges. Among other things, this certification includes the fact that all relevant licenses and permits have been provided with the application, and that the entity on whose behalf I am applying is not lacking any relevant license or permit.**

**My signature certifies that I and the entity on whose behalf I am applying agree to update any information in this application and abide by all Postal Service™ regulations. This includes an obligation to furnish any renewals, modifications, or revocations of licenses or permits not later than 15 days after receiving notice from the licensing or permitting authority.**

---

Signature of Applicant:

Title:

Date (MM/DD/YYYY):

---

## Section B. Instructions and General Information

- All information entered must be legible so that our records show the correct information about your organization.
- Each complete name of the organization must be shown in item 1. The name shown must agree with the name that appears on documents submitted to support this application.
- A complete address representing a physical location for the organization must be shown in item 2. If you receive mail through a Post Office Box™, list your street address first in item 2 and use an alternate address for the Post Office Box in item 2a.
- Review the application for completeness. If the answer to a question is on an attachment, please enter "attachment." If a question does not apply, please enter "NA" in the applicable field.
- Send the application and all supporting documentation to [MDA@usps.gov](mailto:MDA@usps.gov). All applications, licenses, and supporting documentation should be submitted in PDF format with appropriate exhibit notation based upon the corresponding application field (e.g., 7a, 7b).

**Note:** Failure to provide complete and accurate information may result in delays in processing or rejection of your application.

---