

**For:** State and County Offices

**Providing PS-3553, USPS Coding Accuracy Support System (CASS) Summary Report**

**Approved by:** Acting Deputy Administrator, Farm Programs



**1 Overview**

**A Background**

County Offices will be provided PS-3553 every 3 months to use with bulk mailings to receive the maximum discounts. The CASS certification process compares customers' addresses entered by the County Office in the Service Center Information Management System (SCIMS) or the AS/400, "Other Name and Address" file, to the USPS database. Addresses that match are assigned ZIP+4 and bar codes.

The FSA customer name and address ZIP+4 code process is re-validated every 3 months to ensure that County Offices continue to receive the ZIP+4 automation rate for bulk mailings.

PS-3553 is:

- a KC-Application Development Center (ADC) computer-generated form that is automatically produced when address records are processed using CASS-certified software
- valid for 3 months from the date the name and address list is matched against the USPS database and coded.

**B Purpose**

This notice provides County Offices with a current CASS certificate to use with bulk mailings effective upon receipt of this notice.

<b>Disposal Date</b>	<b>Distribution</b>
May 1, 2009	State Offices; State Offices relay to County Offices

## Notice CM-619

### 2 Using CASS Certification

#### A National Certification

USPS regulations permit the KC-ADC name and address file to be treated as 1 mailing. 1-CM, paragraphs 295 and 296 provide County Offices with the procedure to process the KC-ADC ZIP+4 validation file. PS-3553 shall be submitted with each bulk mailing to USPS to receive the automated discount rate. See 5-AS for mailing requirements and rates.

**Note:** County Offices experiencing difficulty obtaining local USPS approval of PS-3553 should:

- refer the local postal representative to Domestic Mail Manual A950.5.2 and A950.5.4
- have the local postal representative call the USPS CASS Certification Department at 800-642-2914
- forward additional problems to Sandy Bryant, FSA, PECD, Common Provisions Branch.

#### B Obtaining Automation Rate

See Exhibit 1 for a current valid copy of PS-3553. To obtain the ZIP+4 automation rate, PS-3553 shall be:

- reproduced locally by County Offices
- submitted with each mailing to USPS.

Example of PS-3553, USPS CASS Summary Report

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USPS CODING ACCURACY SUPPORT SYSTEM (CASS) SUMMARY REPORT
:
:
:
A. SOFTWARE
:
:1. CASS CERTIFIED COMPANY NAME :2. CASS CERT. SOFTWARE NAME/VERSION :3.CONFIG:
:   GROUP 1 SOFTWARE, INC.       :   CODE-1 PLUS FOR IBM MAINFRAME   :   MMM   :
:                                   :   3.02.00.L                         :         :
:
:4. Z4CHANGE CERTIFIED CO. NAME :5. Z4CHANGE SOFTWARE NAME/VERSION :6.CONFIG:
:
:
:7. ELOT CERTIFIED COMPANY NAME :8. ELOT CERT. SOFTWARE NAME/VERSION :9.CONFIG:
:   GROUP 1 SOFTWARE, INC.       :   CODE-1 PLUS 3.02.00.L           :   MMM   :
:
:
B. LIST
:
:1. LIST PROCESSOR'S NAME :2. DATE LIST PROCESSED :3. DATE OF DATABASE USED :
:
:
:   :A. MASTER   10/24/2008 :A. ZIP+4   SEPTEMBER 2008 :
:   :B. DPV      10/24/2008 :B. DPV     SEPTEMBER 2008 :
:   :C. Z4CHANGE :C. Z4CHANGE :
:   :D. ELOT     10/24/2008 :D. ELOT    SEPTEMBER 2008 :
:
:
:4. LIST NAME OR ID NO. :5. NUMBER OF LISTS :6. TOTAL RECORDS SUBMITTED :
:
:
:
:
C. OUTPUT
:
:   OUTPUT :1. TOTAL :2. VALID : :1. TOTAL :2. VALID :
:   RATING : CODED   : (FROM-TO) : : CODED   : (FROM-TO) :
:
:
:A. ZIP+4/DPV : :10/24/2008- :D. 5-DIGIT : :10/24/2008- :
:   CONFIRMED : 10750776 : 04/22/2009 : CODED : 11195896 : 10/24/2009 :
:
:
:B. Z4CHANGE/ : : : :E. CR-RT : :10/24/2008- :
:   DIRECT DPV: 0 : N/A : CODED : 11194081 : 01/22/2009 :
:   PROCESSED : : : :
:
:
:C. DPBC : :10/24/2008- :F. ELOT : :10/24/2008- :
:   ASSIGNED : 10750682 : 04/22/2009 : ASSIGNED : 10750669 : 01/22/2009 :
:
:
D. MAILER
:
:1. MAILER'S SIGNATURE : 3. NAME & ADDRESS OF MAILER :
:   Sandy Bryant : SANDY BRYANT, CHIEF :
:   : : COMMON PROVISIONS BRANCH :
:   : : STOP 0517 :
:2. DATE SIGNED : :1400 INDEPENDENCE AVENUE, SW :
:   10-28-08 : : WASHINGTON DC, 20250-0517 :
:
:
: I CERTIFY THAT THE MAILING SUBMITTED WITH:
: THIS FORM HAS BEEN CODED (AS INDICATED ABOVE) USING CASS-CERTIFIED SOFTWARE :
: MEETING ALL OF THE REQUIREMENTS LISTED IN THE DMM SECTION 708.
:
:
E. QUALITATIVE STATISTICAL SUMMARY (QSS)
:
:
: FOR INFORMATIONAL PURPOSES ONLY: QSS IS SOLELY MADE AVAILABLE FOR THE LIST :
: PROCESSOR'S REVIEW AND ANALYSIS. THIS INFORMATION IS NOT TO BE CONSIDERED :
: BY THE POSTAL SERVICE PERSONNEL IN DETERMINING RATE ELIGIBILITY UNDER ANY :
: CIRCUMSTANCES. SEE FOLLOWING PAGE(S) FOR A DETAILED EXPLANATION.
:
:
: HIGH RISE :HIGH RISE :RURAL RTE :RURAL RTE : LACS/ : EWS :SUITELINK :
:   DEFAULT : EXACT : DEFAULT : EXACT : LACSLINK : : :
:
:   167174 : 238788 : 1527 : 230017 : 21823 : 0 : 0 :
:
:
PS FORM 3553, FEBRUARY 2007
THIS FORM MAY BE GENERATED AS THE OUTPUT OF ADDRESS MATCHING PROCESSING USING
CASS CERTIFIED SOFTWARE IN CONJUNCTION WITH CURRENT USPS ADDRESS DATABASE
FILES. ANY FACSIMILE MUST CONTAIN THE SAME INFORMATION IN THE SAME FORMAT AS
THE PRINTED FORM. SEE DMM SECTION 708 FOR MORE INFORMATION.
    
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Example of PS-3553, USPS CASS Summary Report (Continued)

1 INSTRUCTIONS

A. SOFTWARE

1,4,7. COMPANY NAMES: ENTER THE NAME FOR EACH KIND OF SOFTWARE, AS IT APPEARS ON THE CASS/MASS CERTIFICATE.

2,5,8. SOFTWARE NAME & VERSION: ENTER NAME AND VERSION USED FOR EACH KIND OF SOFTWARE, AS IT APPEARS ON THE CASS/MASS CERTIFICATE.

3,6,9. CONFIGURATION: ENTER THE SPECIFIC SOFTWARE CONFIGURATION PARAMETER SETTINGS AS IT APPEARS ON THE CASS/MASS CERTIFICATE.

NOTE: IF INFORMATION ENTERED IN THIS SECTION REPRESENTS THE LIST PROCESSING OF MORE THAN ONE CERTIFIED COMPANY, ATTACH A LIST OF COMPANY NAMES, SOFTWARE NAMES AND VERSIONS, AS WELL AS THE CONFIGURATION TO CODE THE ADDRESS INFORMATION USED IN THE MAILING.

B. LIST

1. LIST PROCESSOR'S NAME: ENTER THE NAME OF THE COMPANY THAT CODED THE ADDRESS LIST(S) AND/OR PERFORMED ZIP+4 MATCHING, USING CASS CERTIFIED SOFTWARE. ATTACH A LIST IF ADDITIONAL SPACE IS REQUIRED.

2. DATE LIST PROCESSED: ENTER THE PROCESSING DATE FOR EACH LIST. IF MULTIPLE LISTS, ENTER THE OLDEST DATE FROM THE LISTS.

3. DATE OF DATABASE PRODUCT USED: ENTER THE VERSION DATE OF EACH DATABASE PACKAGE USED FOR PROCESSING. IF MULTIPLE LISTS, ENTER THE OLDEST VERSION DATE FROM THE LISTS.

4. LIST NAME OR ID NO: PRINT THE NAME OR IDENTIFICATION NUMBER OF THE ADDRESS LIST. IF MORE THAN ONE LIST IS USED, LEAVE BLANK. IF THE IDENTIFICATION NUMBER IS USED, THE NUMBER MUST BE PRECEDED BY 'ID#'.

5. NUMBER OF LISTS: ENTER THE NUMBER OF LISTS USED TO PRODUCE THE MAILING.

6. TOTAL RECORDS SUBMITTED FOR PROCESSING: ENTER THE TOTAL NUMBER OF ADDRESS RECORDS (FROM ALL LISTS IN ITEM B5) SUBMITTED AT THE TIME THE LIST(S) WAS CODED.

1C. OUTPUT

1. TOTAL CODED: ENTER THE TOTAL NUMBER CODED.

2. VALIDATION PERIOD: ENTER THE EFFECTIVE DATES AS SHOWN BELOW.

ZIP+4 CODED

FROM DATE - 30 DAYS BEFORE (THE 15TH OF EACH MONTH OR BIMONTHLY) OR NO LATER THAN 105 DAYS AFTER THE FILE DATE.

TO DATE - 180 DAYS AFTER FROM THE ZIP+4 'FROM' DATE.

TOTAL DELIVERY POINT BARCODED

FROM DATE - 30 DAYS BEFORE (THE 15TH OF EACH MONTH OR BIMONTHLY) OR NO LATER THAN 105 DAYS AFTER THE ZIP+4 PRODUCT FILE DATE.

TO DATE - 180 DAYS AFTER FROM THE DPBC VALID 'FROM' DATE.

FIVE-DIGIT CODED

FROM DATE - 30 DAYS BEFORE (THE 15TH OF EACH MONTH OR BIMONTHLY) OR NO LATER THAN 105 DAYS AFTER THE ZIP+4, FIVE-DIGIT ZIP, OR THE CARRIER ROUTE PRODUCT DATE.

TO DATE - 365 DAYS AFTER FROM THE FIVE-DIGIT VALID 'FROM' DATE.

TOTAL CARRIER ROUTE CODED

FROM DATE - 30 DAYS BEFORE OR UP TO 105 DAYS AFTER THE ZIP+4, FIVE-DIGIT ZIP, OR THE CARRIER ROUTE PRODUCT DATE (THE 15TH OF EACH MONTH OR BIMONTHLY) OR UP TO 105 DAYS AFTER THE FILE DATE.

TO DATE - 90 DAYS AFTER THE CARRIER ROUTE VALID 'FROM' DATE.

LINE OF TRAVEL (LOT) SEQUENCED NO. ASSIGNED

FROM DATE - 30 DAYS BEFORE OR UP TO 105 DAYS AFTER THE LOT FILE PRODUCT DATE (THE 15TH OF EACH MONTH OR BIMONTHLY).

TO DATE - 90 DAYS AFTER THE LOT VALID 'FROM' DATE.

D. MAILER

1. SIGNATURE: SIGNATURE OF INDIVIDUAL WHO PROCESSED THE LIST, OR THE MAILER'S REPRESENTATIVE.

2. DATE SIGNED: ENTER THE DATE THIS FORM IS SIGNED.

3. NAME & ADDRESS OF MAILER: ENTER THE NAME AND ADDRESS OF THE INDIVIDUAL WHOSE SIGNATURE APPEARS IN ITEM D1.