UNITED STATES DEPARTMENT OF AGRICULTURE
Farm Service Agency
Washington, DC 20250

Notice CM-687

For: State and County Offices

PS-3553, USPS Coding Accuracy Support System (CASS) Summary Report and the Certification Process Comparing SCIMS to the USPS Database

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 SCIMS or 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 revalidated every 3 months to ensure that County Offices continue to receive the ZIP+4 automation rate for bulk mailings.

PS-3553 is:

- a KC-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 PS-3553 (CASS certificate) to use with bulk mailings effective upon receiving this notice
- informs County Offices to check (✓) the PS Form 3602-EZ, Move Update Method, "**NCOA Link**"
- provides State and County Offices with required actions to be completed immediately
- obsoletes Notice CM-683.

Disposal Date	Distribution
October 1, 2011	State Offices; State Offices relay to County Offices

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

In addition to the CASS certification, FSA is **required** to run a separate certification process that compares customers' addresses entered by the County Office in SCIMS to the USPS database for accuracy. This process is run through MSD by a private contractor. The contractor for the 3-month period, which runs concurrently with PS-3553, uses the Move Update Method "NCOA link". This information **must** be provided by checking (✓) the PS Form 3602-EZ, Move Update Method, "NCOA Link", that is used for the bulk mailing, as follows.

Move Update Method:

☐ Ancillary Service Endorsement ☐ *FASTforward* ☐ NCOA Link ☐ ACS ☐ Alternative Method ☐ Multiple

B Obtaining Automation Rate

See Exhibit 1 for a current 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.

3 Required Action

A State Office Action

State Offices shall:

- ensure that County Offices are immediately informed of the contents of this notice
- ensure that County Offices follow 1-CM, paragraphs 295 and 296 to process the ZIP+4 download, print Report MAB072-R001, and correct records identified on the report
- direct any questions about this notice to Mike Sienkiewicz by either of the following:
  - e-mail to **mike.sienkiewicz@wdc.usda.gov**
  - telephone at 202-720-8959.

B County Office Action

County Offices shall:

- follow 1-CM, paragraphs 295 and 296 to process the ZIP+4 download, print Report MAB072-R001, and correct records identified on the report
- contact the State Office if there are any questions or problems making the corrections.

Important: Records that do not pass the validation process shall be **updated immediately, as payments will be rejected if addresses are not correct**.

Example of PS-3553, USPS CASS Summary Report

This is an example of the new PS-3553 to be inserted after the ZIP+4 process is run.

USPS CODING ACCURACY SUPPORT SYSTEM (CASS) SUMMARY REPORT

A. SOFTWARE

1. CASS CERTIFIED COMPANY NAME	2. CASS CERT. SOFTWARE NAME/VERSION	3.CONFIG
PITNEY BOWES SOFTWARE INC.	CODE-1 PLUS FOR IBM MAINFRAME 3.05.00.M	MMM
4. Z4CHANGE CERTIFIED CO. NAME	5. Z4CHANGE SOFTWARE NAME/VERSION	6.CONFIG
7. DIRECTDPV CERTIFIED CO NAME	8. DIRECTDPV CERT SFTW NAME/VERSION	9.CONFIG
10.ELOT CERTIFIED COMPANY NAME	11.ELOT CERT. SOFTWARE NAME/VERSION	12.CNFIG
PITNEY BOWES SOFTWARE INC.	CODE-1 PLUS 3.05.00.M	MMM

B. LIST

1. LIST PROCESSOR'S NAME	2. DATE LIST PROCESSED		3. DATE OF DATABASE USED	
	A. MASTER	07/30/2011	A. ZIP+4	JULY 2011
	B. Z4CHANGE		B. Z4CHANGE	
	C. DIRECTDPV		C. DIRECTDPV	
	D. ELOT	07/30/2011	D. ELOT	JULY 2011

4. LIST NAME OR ID NO.	5. NUMBER OF LISTS	6. TOTAL RECORDS SUBMITTED
		11373778

C. OUTPUT

OUTPUT RATING	1. TOTAL CODED	2. VALID (FROM-TO)		1. TOTAL CODED	2. VALID (FROM-TO)
A.ZIP+4/DPV CONFIRMED	10560398	07/30/2011-01/26/2012	D.5-DIGIT CODED	10873209	07/30/2011-07/29/2012
B.Z4CHANGE/ PROCESSED	0	N/A	E.CR-RT CODED	10871999	07/30/2011-10/28/2011
C.DIRECTDPV	0	N/A	F.ELOT ASSIGNED	10560359	07/30/2011-10/28/2011

D. MAILER

1. MAILER'S SIGNATURE: Sandy Bryant

2. DATE SIGNED: 8/1/2011

3. NAME & ADDRESS OF MAILER
SANDY BRYANT, CHIEF
COMMON PROVISIONS BRANCH
STOP 0517
1400 INDEPENDENCE AVENUE, SW
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 DEFAULT	HIGH RISE EXACT	RURAL RTE DEFAULT	RURAL RTE EXACT	LACSLINK	EWS	SUITELINK
149485	274840	2751	128264	6422	0	15856

PRIVACY NOTICE: FOR INFORMATION REGARDING OUR PRIVACY POLICY, VISIT USPS.COM.

PS FORM 3553, SEPTEMBER 2008 (PAGE 1 OF 2) AT WWW.USPS.COM/FORMS/ALLFORMS.HTM

Example of PS-3553, USPS CASS Summary Report (Continued)

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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.
 C. OUTPUT
  1. TOTAL CODED: ENTER THE TOTAL NUMBER CODED.
  2. VALIDATION PERIOD: ENTER THE EFFECTIVE DATES AS SHOWN BELOW.

        ZIP+4 CODED/DPV CONFIRMED
           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.
        DIRECTDPV
           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 THE DIRECTDPV/ZIP+4 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.
        ELOT SEQUENCED NO. ASSIGNED
           FROM DATE - 30 DAYS BEFORE OR UP TO 105 DAYS AFTER THE ELOT FILE
                       PRODUCT DATE (THE 15TH OF EACH MONTH OR BIMONTHLY).
           TO DATE   - 90 DAYS AFTER THE ELOT 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.
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