

Private Mailbox Service Checklist

STUDIOUS MAILROOM SETUP STEPS AND DOCUMENT REQUIREMENTS

Please complete the steps below to open your private mailbox. Your mailbox will be activated after your documents have been reviewed and approved.

- 1 Make an account on Archie and pay for mailbox service.
- 2 Fill out **USPS Form 1583** and sign the **17538.5 CA Acknowledgement** contract.
- 3 Upload two forms of ID: one from the Photo ID list and one from the Address ID list below.
- 4 We will review your application and send you a confirmation email with your new mailbox address.

Accepted ID Uploads

Upload one item from each column. Documents should be current, legible, and match your application details.

Photo ID type

- U.S. ID or License
- Uniformed Service ID
- U.S. Access Card
- U.S. University ID Card
- Passport
- Matricula Consular
- NEXUS Card
- Certificate of Naturalization
- U.S. Permanent Resident Card

Address ID

- U.S. ID or License
- Current Lease
- Mortgage or Deed of Trust
- Home / Car Insurance Policy
- Car Registration
- Voter Card

IMPORTANT NOTES

- Your mailbox is not active until you receive an approval email from Studios Mailroom.
- If any document is missing or unclear, our team will contact you by email to request an updated upload.
- Please wait for your confirmation email before using your new mailbox address.
- Questions? Contact us at (213) 437-9888 or hello@studious.work.



Private Mailbox Service Guide

HOW OUR OUR MAILROOM OPERATES

Studios Mail Room Hours of Operation



9am to 6pm
Monday – Friday
Weekends Closed

We receive mail during regular business hours

You will get an email each week if you've got mail

We are staffed from 9am to 1pm Monday – Friday

After Hours pickup available - just send us an email or text to arrange

We make sure important documents don't get forgotten!

- IRS / Government & Legal Documents / Court Documents



ADDITIONAL MAIL SERVICES

.75/page

\$2/package

\$1/day

\$5/package

Email Scans

Package Receipt

Package Storage after 5 days

Mail forwarding

For more information visit

www.Studios.work/mailroom





Application for Delivery of Mail Through Agent

See Reverse for Instructions, Definitions, Agreement Terms, and the Privacy Act Statement.

1. Private Mailbox (PMB) Information		8. Photo ID Information for Applicant⁸	
1a. Date PMB Opened	1b. Date PMB Closed	8a. Applicant's Name	8b. Applicant's ID Number
		8c. Issuing Entity	8d. Expiration Date on the ID
2c. City	2d. State	2e. ZIP + 4 [®]	
3. Type of Service Requested		8e. Photo ID type (check one)	
<input type="checkbox"/> Business/Organization Use ² <input type="checkbox"/> Residential/Personal Use ³		<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ first form of ID (upload) <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card	
4. Name of Applicant		9. Address ID Information for Applicant¹¹	
4a. Last Name	4b. First Name	4c. Middle Initial	
4d. Telephone Number (include area code)		4e. Email Address	
4f. Applicant's Street Home Address ^{1,4}		9b. Applicant's Street Home Address ¹	
must match ID		9d. State	9e. ZIP + 4
		9f. Country	
4g. City	4h. State	4i. ZIP + 4	4j. Country
4k. Is applicant a court-ordered protected individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", you must attach a copy of the court order.		9g. Address ID type (check one) — Must Contain the Address in 9b-9f	
		<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ second form of ID (upload) <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card	
5. Authorized Individual⁵		10. Photo ID Information for Authorized Individual (if applicable)⁹	
5a. Last Name	5b. First Name	5c. Middle Initial	
5d. Telephone Number (include area code)		5e. Email Address	
5f. Authorized Individual's Street Home Address ^{1,6}		10a. Authorized Individual's Name	
		10b. Authorized Individual's ID Number	
		10b. Expiration Date on the ID	
5g. City	5h. State	5i. ZIP + 4	5j. Country
		<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹² <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card	
6. If Transferring PMB Mail to Another Address⁷		11. Address ID Information for Authorized Individual (if applicable)¹¹	
6a. Street Address Mail Is Transferred To ¹		11a. Authorized Individual's Name	
6b. City	6c. State	6d. ZIP + 4	6e. Country
6f. Telephone Number (include area code)		6g. Email Address	
		11c. City	11d. State
		11e. ZIP + 4	11f. Country
7. Business/Organization Information		11g. Address ID type (check one) — Must Contain the Address in 11b-11f	
7a. Name of Business/Organization	7b. Type of Business		
7c. Business	for business mailboxes		
7d. City	7e. State	7f. ZIP + 4	7g. Country
7h. Telephone Number (include area code)		7i. Place of Registration ⁸	
		city & state that your business is registered in	
		12. Exceptions for Additional Recipients of Mail⁹	
		13a. Signature of Applicant¹⁴	
		13b. Date	
		14a. Signature of CMRA or Authorized Employee¹⁵	
		14b. Date	

Instructions and Footnotes

1	Include house number, street, and apartment/suite number if applicable.
2	For Business/Organization Use, complete item 7.
3	For Residential/Personal Use, complete a separate PS Form 1583 for each adult using this PMB.
4	Address must match document provided in item 9b.
5	The Applicant authorizes mail to be collected by the individual noted in item 5.
6	Address must match document provided in item 11b.
7	Complete item 6 if the mail addressed to this PMB is to be transferred, mailed, shipped, or emailed to another address.
8	The place of registration is the county and state (if domestic), or the country (if foreign).
9	Two types of identification are required for both the Applicant and, if listed, the Authorized Individual. One ID must be a government-issued photo ID. The second must confirm the Applicant's or Authorized Individual's address listed on this form. The acceptable types of photo ID are listed in items 8e and 10e. Attach a copy of the photo and address ID documents.
10	Although the driver's/nondriver's ID is listed in 8e and 9g as an option for both the Applicant's photo ID and address ID, <i>it may be used for only one of the IDs (either photo ID or address ID)</i> , not for both.
11	The acceptable types of address verification are listed in items 9g and 11g. Attach a copy of the photo and address ID documents.
12	Although the driver's/nondriver's ID is listed in 10e and 11g as an option for both the Authorized Individual's photo ID and address ID, <i>it may be used for only one of the IDs (either photo ID or address ID)</i> , not for both.
13	For Business/Organization Use: List members who will be receiving mail at this PMB. Each person listed must, upon request, present two forms of valid ID to the Postal Service. For Residential/Individual Use: A parent or guardian may receive the mail of a minor by listing the minor's name — the minor's ID is not required.
14	By signing this form, the applicant certifies the following — for Business/Organization Use, an officer must sign the application and provide his or her title: I certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.
15	The agent or an authorized employee may sign item 14a. If the Notary Public box at the bottom of page 2 has a seal, the Notary Public completes the box.

Definitions:

Agent: The Commercial Mail Receiving Agency (CMRA). **Authorized employee:** An employee of the CMRA who is authorized to act on the CMRA's behalf.
Authorized individual: A person who is authorized to pick up mail for the PMB holder.

Agreement: In consideration of delivery of my mail or our firm's mail to the agent named on Page 1, the applicant and agent agree: (1) the applicant or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the applicant and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the applicant must file an updated application with the agent.

NOTE: The applicant must sign or confirm their signature in the physical or virtual presence (in real-time audio and video) of the Agent or the Agent's authorized employee or acknowledge their signature in the physical or virtual presence (in real-time audio and video) of a notary public commissioned in a United States state, territory, possession, or the District of Columbia. The agent uploads the original completed signed PS Form 1583 to the Postal Service's CMRA Customer Registration Database and retains the completed signed copy at the CMRA business location. The CMRA copy of PS Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The applicant and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in items 4f or 7c, and that the identifications listed in items 8–11 are valid. The agent must complete items 2a–2e, and items 14a and 14b if necessary (i.e., if the agent is the witness), and the customer must complete all the other items.

Privacy Act Statement: Your information will be used to administer the Commercial Mail Receiving Agency (CMRA) application, enrollment, and fulfillment processes, to verify your identity when applying for service via a CMRA, to ensure proper and secure delivery of mail to the correct recipient, and to permit delivery of your mail to your authorized agent. Collection is authorized by 39 USC 401, 403, and 404. Supplying the information is voluntary, but if not provided, we will not be able to fulfill your request for delivery of mail through an agent. We do not disclose your information without your consent to third parties, except for the following limited circumstances: incident to legal proceedings involving the Postal Service; for law enforcement purposes; to a congressional office on your behalf; to agents or contractors when necessary to fulfill a business function; to a U.S. Postal Service auditor; to labor organizations as required by applicable law; to government agencies in connection with decisions as necessary; to agencies and entities for financial matters; and for customer service purposes. In addition, information may be disclosed for the purpose of identifying an address as an address of an agent to whom mail is delivered on behalf of other persons. However, this specific routine use does not authorize the disclosure of the identities of persons on behalf of whom agents receive mail. All routine uses are subject to the following exception: Information concerning an individual who has filed an appropriate protective court order with the application will not be disclosed except pursuant to the order of a court of competent jurisdiction and subject to the approval of the USPS General Counsel. For more information on our privacy policies, visit www.usps.com/privacypolicy.

Notary Public in and for the STATE OF _____,	Official Seal:
COUNTY OF _____. On this _____ day of _____, 20____,	come in person to verify your IDs or you can get it notarized
the applicant, _____, who proved to me on the basis of satisfactory evidence that _____, the person whose name is subscribed to the application, appeared before me, and acknowledged their signature.	
Signature of Notary Public _____	My commission expires: _____, 20____