



**Standard Mail Presort Questionnaire**  
(Formerly Standard A)

**CLIENT:** \_\_\_\_\_  
**JOB #:** \_\_\_\_\_  
**JOB DESC:** \_\_\_\_\_

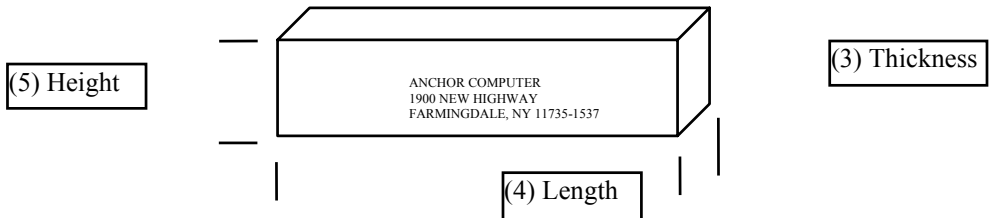
Please complete this form accurately, as we will be setting up the presort based upon your responses. Be sure to answer all of the questions. Should you have any questions, feel free to contact \_\_\_\_\_ at Anchor (631) 293-6100 ext. \_\_\_\_\_. If the results of the Presort are incorrect due to inaccurate instructions, we may have to re-run the Presort, which may add considerable time and expense to the project.

**1. MAIL TYPE**

- A.** Is this a *Standard Mail Presort*? **YES**      **NO**
- B.** Please *circle one*:
- (F) **FLAT**      (L) **LETTER**      (M) **MACHINABLE PARCELS**      (I) **IRREGULAR PARCELS**

**2. PIECE ATTRIBUTES**

- A.** The following physical mail piece characteristics must be filled out in their entirety. The presort cannot be started without this information. The physical dimensions are critical in determining the qualifications.



<b>(1) PIECE ID</b>	_____	_____	_____	_____
<b>(2) Weight</b>	_____ oz./lb.	_____ oz./lb.	_____ oz./lb.	_____ oz./lb.
<b>(3) Thickness</b>	_____ in.	_____ in.	_____ in.	_____ in.
<b>(4) Length</b>	_____ in.	_____ in.	_____ in.	_____ in.
<b>(5) Height</b>	_____ in.	_____ in.	_____ in.	_____ in.

- B.** Is the mail piece a *Standard Size*? **YES**      **NO**
- C.** Is the mail piece *Automation Compatible*? **YES**      **NO**

**PLEASE GO ON TO THE NEXT PAGE**



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**3. QUALIFICATION**

- A.** Is this mailing *Non-Profit*? **YES** **NO**  
(Classification reform Automation Qualification)
- B.** Do you want *Enhanced Carrier Route Sortation*? **YES** **NO**
- 1.** Please *check* the desired *Carrier Route Sortation*:  
(Except for Basic Automation Carrier Route)
- LOT** (Line of Travel)                       **WALK SEQUENCE** (Requires DSF processing)
- C.** Do you want *Automation Discounts*? **YES** **NO**  
(ONLY IF YOU ANSWERED YES TO QUESTION **2.C**)
- D.** If your mail piece is a *LETTER* do you want *Upgradable Qualification*? **YES** **NO**  
(ONLY IF YOU ANSWERED YES TO QUESTION **2.C**)

**4. DESTINATION DELIVERY MAILINGS**

- A.** Are you doing a *Destination Delivery Mailing*? **YES** **NO**
- If **YES** proceed to question **4.B.**  
If **NO** proceed to question **4.C.**
- B.** Are you doing a delivery to *BMC's/ASF's*? **YES** **NO**
- If **YES**, we will sort the mail into BMC sequence as specified in Attachment A. If you wish to change delivery sequence, please indicate so in the appropriate column on Attachment A.
- Attachment A sequence OK*                       *Resequence- see Attachment A*

If **NO**, (Delivery points are other than BMC's/ASF's), please provide the following for each entry point:

- 1) Sequence number of entry point
- 2) Entry Point complete zip code
- 3) Entry point name
- 4) All zip codes serviced through the specified entry point.

**PLEASE GO ON TO THE NEXT PAGE**

- C.** Do you want the mailing to be sorted into *BMC Sequence*? **YES** **NO**





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**7. STREAMS**

A. We will provide the mail in one continuous stream. Should you require the output in separate qualification levels, please circle one option:

- (1) ONE CONTINUOUS STREAM
- (2) CAR-RT QLF / BAR-CODED QLF / NON-BAR-CODED
- (3) PALLETIZED / NON-PALLETIZED
- (4) OTHER: \_\_\_\_\_

**8. MAIL.DAT TAPE**

A. Do you want a MAIL.DAT Tape? **YES** **NO**

**9. SPECIAL INSTRUCTIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. MISCELLANEOUS INFORMATION**

LETTERSHOP \_\_\_\_\_ CONTACT \_\_\_\_\_  
CLIENT \_\_\_\_\_ JOB DESCRIPTION \_\_\_\_\_  
FORM COMPLETED BY \_\_\_\_\_ ON \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Authorized Signature)

**PLEASE GO ON TO THE NEXT PAGE**

**ATTACHMENT A - - BMC TABLE**



**CLIENT:** \_\_\_\_\_

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01	01152	BMC SPRINGFIELD, MA	010-067, 120-123, 128-129	
02	07097	BMC NEW JERSEY, NJ	005, 068-069, 070-079, 085-098, 100-119, 124-127, 340	
03	19116	BMC PHILADELPHIA, PA	080-084, 137-139, 169-199	
04	14240	ASF BUFFALO, NY	130-136, 140-149	
05	15095	BMC PITTSBURGH, PA	150-168, 260-266, 439-447	
06	20790	BMC WASHINGTON, DC	200-212, 214-239, 244, 254, 267-268	
07	27495	BMC GREENSBORO, NC	240-243, 245-249, 270-297, 376	
08	45235	BMC CINCINNATI, OH	250-253, 255-259, 400-418, 421-422, 425-427, 430-433, 437-438, 448-462, 469-474	
09	30369	BMC ATLANTA, GA	298, 300-312, 317-319, 350-352, 354-368, 373-374, 377-379, 399	
10	32099	BMC JACKSONVILLE, FL	299, 313-316, 320-339, 341-342, 344, 346-347, 349	
11	38136	BMC MEMPHIS, TN	369-372, 375, 380-397, 700-701, 703-705, 707-708, 713-714, 716-717, 719-729	
12	63042	BMC ST LOUIS, MO	420, 423-424, 475-479, 614-620, 622-631, 633-639	
13	48101	BMC DETROIT, MI	434-436, 465-468, 480-497	
14	60130	BMC CHICAGO, IL	463-464, 530-532, 534-535, 537-539, 600-611, 613	
15	55121	BMC MPLS/ST PAUL, MN	498-499, 540-551, 553-564, 566	
16	50395	BMC DES MOINES, IA	500-516, 520-528, 612, 680-681, 683-689	
17	58102	ASF FARGO, ND	565, 567, 580-588	
18	57101	ASF SIOUX FALLS, SD	570-577	
19	59101	ASF BILLINGS, MT	590-599, 821	
20	66106	BMC KANSAS CITY, KS	640-641, 644-658, 660-662, 664-679, 739	
21	80217	BMC DENVER, CO	690-693, 800-816, 820, 822-831	
22	75398	BMC DALLAS, TX	706, 710-712, 718, 733, 747, 750-799, 885	
23	73119	ASF OKLAHOMA CITY, OK	730-731, 734-738, 740-741, 743-746, 748-749	
24	84199	ASF SALT LAKE CITY, UT	832-834, 836-837, 840-847, 898, 979	
25	85026	ASF PHOENIX, AZ	850, 852-853, 855-857, 859-860, 863-864	
26	87101	ASF ALBUQUERQUE, NM	865, 870-875, 877-884	
27	90201	BMC LOS ANGELES, CA	889-891, 893, 900-908, 910-928, 930-935	
28	94804	BMC SAN FRANCISCO, CA	894-895, 897, 936-966	
29	98003	BMC SEATTLE, WA	835, 838, 970-978, 980-986, 988-994	
99				

UPDATED 01/04/01