

Approved Postal Provider

**FY23 HAZMAT & Compliance for Approved Shippers
Training Certification**

Location Name: _____

Street Address: _____

City: _____

State: _____

ZIP Code: _____

Phone Number: _____

Email Address: _____

Approved Shipper - (enter PC Postage meter number) _____

I certify that the employees at this Approved Shipper location designated to accept mail pieces on behalf of the US Postal Service have completed the FY23 HAZMAT & Compliance for Approved Shippers training. I understand that I must keep a copy of this certification form on file at this mail acceptance location and make it available upon request by the US Postal Service Inspection Service (USPIS) or Office of Inspector General (OIG).

Facility Owner/Designee Name

Signature

Title

Date

Approved Shippers: [Certify by signing above and uploading a scanned copy to your account on the Business Customer Gateway.](#)

