

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	,			
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.



You must retain this form on file and update as needed.

	Training Roster					
Facility	Name					
Addres	ss					
City Sta	ate & ZIP Code					
Manager's Name			Date			
I under the US " <i>Is ther</i>	stand that I am required Postal Service.	d to ask the HAZ	Compliance for Approved Shippers training. MAT question below for every package I acc report of the control of			
#	Associate Name (print)		Signature	Date Trained		