

Approved Postal Provider

Dangerous Goods & Export Compliance Awareness Training Certification

Location Name: _____

Street Address: _____

City _____ State _____ Zip Code: _____

Phone Number _____

Store Email Address _____

Facility Owner / Operator: _____

This facility is a: *(check one)*

- Approved Shipper-(enter PC Postage license number) _____
- Contract Postal Unit-(enter contract number) _____
- Village Post Office-(enter contract number) _____

Each Partner location must complete, sign, and date the certification document and return it to their local Host Administrative Post Office (HAO) by July 29th, 2016

Complete the attached roster with the names, signatures and dates of all employees who have completed the training. This roster is to be retained on file at this location (do not submit with the certification form) with the understanding that it will be updated as needed with all new employees as they receive this training. This certification and training roster should be maintained on file at the location and available to Office of Inspector General, (OIG) upon request.

I certify that employees designated to accept mailpieces, on behalf of the US Postal Service have received the 2016 Dangerous Goods and Export Compliance Awareness training

Facility Owner/Designee Printed Name

Signature

Date

