



**APPLICATION  
Postal Partner Certification**

**- Sponsored by EMA -**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Please write name the way you would like it to show on the certificate*

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Supervisor or CEO: \_\_\_\_\_

June PPC Exam \_\_\_\_\_ December PPC Exam \_\_\_\_\_ Year \_\_\_\_\_

MERLIN \_\_\_\_\_

***Payment Information*** *(All registrations must include payment in full)*

1. Check payable to EMA in the amount of \$90.00
2. Credit Card: American Express, Visa or MasterCard

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_ Name on Card \_\_\_\_\_

***Please send application and check in the amount of \$90.00 to:***

EMA  
700 South Washington Street, Suite 260  
Alexandria, VA 22314  
Attn: Postal Partner Coordinator

If paying by credit card, fax to 703-739-2209.