
NCOALink® Processing Acknowledgement Form (PAF) Instructions

The USPS requires each of our customers fill out the NCOA Link® Processing Acknowledgement Form (PAF). Please complete, sign, scan, and email the form back to us at info@pbdataservices.com.

• **Fill out the LIST OWNER section only. USPS required fields:**

1. Company Name
2. Address
3. City
4. State
5. ZIP + 4 (5-digit zip code; Zip +4 if available)
6. Telephone Number
7. Email Address
8. NAICS – Use the NAICS website <http://www.census.gov/epcd/www/naics.html> to find your 6-digit NAICS
9. Parent Company Name
10. DBA or Affiliate Company Name
11. Name (*please print*)
12. Title
13. Signature
14. Date

• **LICENSEE section – Leave all empty fields blank**

• **BROKER AGENT/LIST ADMINISTRATOR – Leave checkbox and fields as is**

If you have any questions on how to fill out the form correctly, please email info@pbdataservices.com or feel free to contact us at (888) 547- 8101.



NCOA^{Link}® PROCESSING ACKNOWLEDGEMENT FORM

The collection of information on this Processing Acknowledgement Form (PAF) is required by the Privacy Act of 1974. The United States Postal Service (USPS) requires that each NCOA^{Link} Licensee have a completed NCOA^{Link} PAF for each of their NCOA^{Link} customers prior to providing the NCOA^{Link} service. The Licensee is also required by the USPS to retain a copy of the completed form for each of its customers and to obtain an updated PAF from each of its customers at minimum once per year. Any signature upon this PAF shall be considered valid for all purposes and have the same effect whether it is an ink-signed original or a photocopy or facsimile representation of the original document.

LIST OWNER

I, the undersigned, an authorized representative of:

Company Name

Address

City State ZIP+4

Telephone Number E-mail Address NAICS

Parent Company Name

Marketing or "DBA" Company Name or Primary Affiliate Company Name

Name (Please print) Title

Signature Date

do hereby acknowledge that I have received and reviewed the NCOA^{Link} Information Package supplied to me by **Peachtree Data, Inc.**, an NCOA^{Link} Full Service Provider Licensee. I also understand that the sole purpose of the NCOA^{Link} service is to provide a mailing list correction service for lists that will be used for preparation of mailings. Furthermore, I understand that NCOA^{Link} may not be used to create or maintain new movers lists.

LICENSEE

Business Name (Please print)

Name (Please print) Title

Signature Date

Telephone Number Fax Number

BROKER/AGENT **LIST ADMINISTRATOR** (Check applicable box)

Business Name (Please print)

Address City State ZIP+4

Name (Please print) Title

Signature Date

Telephone Number E-mail Address NAICS

For Licensee Use Only

PAF ID: FBCC

Broker/Agent ID:

List Administrator ID: