

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Caribbean Inspection &  
NDT Services  
PO BX 696  
Santa Isabel, PR  
00757

2. Article Number:

(Transfer from service label)

7012 1010 0002 4117 8023

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*[Handwritten Name]*

C. Date of Delivery

*[Handwritten Date]*

D. Is delivery address different from item 1?

- Yes
- No

If YES, enter delivery address below:

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- G.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

NMSS/RGN1 MATERIALS-002

577679

52-25629-01  
03036301