

Privacy Act Notice

31 U.S.C. § 5120, 31 U.S.C. § 5131, 31 U.S.C. § 5136, and 31 C.F.R. part 100 authorize the collection of this information. The purpose of this collection is to provide the United States Mint with information needed to determine your eligibility to participate in the United States Mint's Mutilated Coin Redemption Program. Submitting this information is voluntary, but failure to provide the requested information may delay or prevent the United States Mint from processing, evaluating, and/or granting your mutilated coin redemption request. For more information on this collection, including with whom your information may be shared, please visit: <https://www.usmint.gov/news/consumer-alerts/mutilated-coin-program/instructions>.

Paperwork Reduction Act Notice

The information collected will be used for the U.S. Government to process your Mutilated Coin Redemption Application. The estimated burden associated with this collection of information is 60 minutes per response. The collection of information is required for reimbursement. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden is to be directed to the Department of Treasury, Customer Service, Manufacturing, United State Mint, 801 9th St. N.W., Washington, D.C. 20220. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.

Mutilated Coin Redemption Program Instructions

Follow the steps below to submit the mutilated coin submission application. Each company or individual (collectively “participants”) who physically transports, mails, or ships or causes mutilated United States coins to the United States Mint (U.S. Mint) for redemption is required to submit an application. For general redemption information and acceptance criteria, visit the Mutilated Coin Redemption Program (the “Program”) page at <https://www.usmint.gov/news/consumer-alerts/mutilated-coin-program> and please review the applicable regulations appearing at 31 Code of Federal Regulations, Part 100, Subpart C, *Request for Examination of Coin for Possible Redemption*.

1. Complete the following information below on the fillable form.

- Section 1.1: Parent Company Information
- Section 1: Company Information
- Section 2: Individual Information
- Section 3: Electronic Funds Transfer Information
- Section 4: Chain of Custody Information
- Section 5: Acknowledgement and Signature
- Section 6. Mutilated Coin Redemption Program – Third Party/Broker
- SF 3881: ACH Vendor/Miscellaneous Payment Enrollment Form

2. Be sure to provide all applicable information.

(**Note:** Those submitting as an individual do not need to provide a Tax Identification Number).

3. Print the completed information and compile it for submission.

4. Submit the application with original signature via United States Postal Service mail to:

United States Mint
Attn: Mutilated Coin Redemption Program
801 9th Street, N.W.
Washington, DC 20220

Note: Do NOT email this information due to the sensitivity of the information requested.

5. Those **submitting small lots of 35 pounds maximum per shipment (70 pounds yearly max)**, send the mutilated coins to:

United States Mint
Attn: The Mutilated Coin Room
151 North Independence Mall East
Philadelphia, PA 19106-1886

6. Those **submitting large lots, not to exceed 1,000 pounds per month, submit an application and** await instructions from the U. S. Mint before submitting mutilated coins. Follow the Quality and Packaging Standards for Bulk Deliveries at <https://www.usmint.gov/news/consumer-alerts/mutilated-coin-program/bulk-deliveries> in addition to any other instructions from the U.S. Mint
7. Contact the U.S. Mint with questions at MutilatedCoin@usmint.treas.gov or 202-354-7760.

Mutilated Coin Redemption Program Application Form

Please fill out the applicable company or individual information below.

Section 1: Company Information (if applicable)

The personal information requested should represent the individual or the point of contact (POC) representing the company submitting the mutilated coins for reimbursement.

Include all of the information listed below in your application:

Company Name:

DBA (if applicable):

Form of Ownership:

In which year was the company established:

Tax ID Number or Employer ID Number:

Street Address (street number and name):

City or Town:

State:

Zip Code:

Country:

Company Website:

Company Phone Number:

State where registered (if applicable):

Registration Number (if applicable):

Designate a POC who will serve as the sole POC for application status and information:

Section 1.1: Parent Company Information (if applicable)

If the company is a subsidiary of a parent company, the information listed below is also required with the application.

Parent Company Name:

Form of Ownership:

Tax ID Number or Employer ID Number:

Street Address (street number and name):

City or Town:

State:

Zip Code:

Country:

Company Phone Number:

Company Website:

State where registered:

Registration Number:

In which year was the parent company established?:

List any other names or addresses the parent company has had in the last 10 years:

1. Other Name:

Address:

2. Other Name:

Address:

3. Other Name:

Address:

Section 2: Individual Information (if applicable)

The personal information requested should represent the individual submitting the mutilated coins for reimbursement.

Include all of the information listed below in your application:

Last Name:

First Name:

Middle Initial:

Other names used (if any):

Street Address (street number and name):

Apartment number:

City or Town:

State:

Zip Code:

Country:

Email Address:

Telephone Number:

Section 3: Electronic Funds Transfer (EFT) Information

All reimbursements are processed through the Automated Clearing House (ACH). A valid United States bank account is required to receive payment for mutilated coin reimbursement.

Complete the ACH Vendor/Miscellaneous Payment Enrollment Form ([SF3881](#)) included with the application.

(Note: Do not include your Social Security Number on the form)

Section 4: Chain of Custody Information

All participants must include all of the information listed below in your application in as much detail as possible.

List the weight (in U.S. pounds) of each denomination category submitted:

Golden Dollars:	lbs.
Susan B. Anthony Dollars (SBA):	lbs.
Dimes, Quarters, Half Dollars:	lbs.
Nickels:	lbs.
Pennies:	lbs.
Pennies pre 1983:	lbs.

List your anticipated monthly and annual submission amount in pounds:

lbs. monthly
lbs. annually

Provide a detailed description of how you or the company came into possession of these mutilated coins. (Note: For applicants who obtained mutilated coins from a third party/broker, please also complete Section 5: Mutilated Coin Redemption Program – Third Party/Broker)

Were any of the coins were imported from outside of the United States?

Yes

No

Provide a detailed description of how the coin(s) became mutilated.

Describe any steps you took to inspect these mutilated coins.

Describe any steps you took to clean these mutilated coins.

Provide any additional or supplementary information (not required)

Section 5: Mutilated Coin Redemption Program – Third Party/Broker(s)

For applicants who obtained mutilated coins from a third party/broker, follow the instructions below; if you do not, proceed to Section 6.

Please provide the total number of companies or individuals that have provided mutilated coins to you (as part of coins you plan to submit to the U.S. Mint).

For each individual or company, please provide information below. Add additional pages if necessary.

1. Name of company or individual:

DBA (if applicable):

Address of company or individual:

Point of contact name and phone number:

Total amount of mutilated coins submitted to you (denomination and weight):

Golden Dollars:	lbs.
Susan B. Anthony Dollars (SBA):	lbs.
Dimes, Quarters, Half Dollars:	lbs.
Nickels:	lbs.
Pennies:	lbs.
Pennies pre 1983:	lbs.

How often do you receive mutilated coins from the company or individual?

If you use an agent/representative between you and the companies or individuals listed above, please provide the name, address and phone number for each agent:

Provide a detailed description of how third party came into possession of these mutilated coins:

What steps have you (or your organization) taken to ensure the mutilated coins you have obtained are genuine U.S. coins?

2. Name of company or individual (if applicable):

DBA (if applicable):

Address of company or individual:

Point of contact name and phone number:

Total amount of mutilated coins submitted to you (denomination and weight):

Golden Dollars:	lbs.
Susan B. Anthony Dollars (SBA):	lbs.
Dimes, Quarters, Half Dollars:	lbs.
Nickels:	lbs.
Pennies:	lbs.
Pennies pre 1983:	lbs.

How often do you receive mutilated coins from the company or individual?

If you use an agent/representative between you and the companies or individuals listed above, please provide the name, address and phone number for each agent:

Provide a detailed description of how third party came into possession of these mutilated coins:

What steps have you (or your organization) taken to ensure the mutilated coins you have obtained are genuine U.S. coins?

3. Name of company or individual:

DBA (if applicable):

Address of company or individual:

Point of contact name and phone number:

Total amount of mutilated coins submitted to you (denomination and weight):

Golden Dollars:	lbs.
Susan B. Anthony Dollars (SBA):	lbs.
Dimes, Quarters, Half Dollars:	lbs.
Nickels:	lbs.
Pennies:	lbs.
Pennies pre 1983:	lbs.

How often do you receive mutilated coins from the company or individual?

If you use an agent/representative between you and the companies or individuals listed above, please provide the name, address and phone number for each agent:

Provide a detailed description of how third party came into possession of these mutilated coins:

What steps have you (or your organization) taken to ensure the mutilated coins you have obtained are genuine U.S. coins?

Section 6: Acknowledgement and Signature

Please indicate your acknowledgement to the statements below and sign and submit your original signature with your application.

1. Acknowledge (yes or no) the following statement: I understand that should the weights differ between what is claimed here and the weight measurement reading by the U.S. Mint, that the weight measured by the U.S. Mint will be the weight used to calculate the redemption value paid.

Yes No

2. Acknowledge (yes or no) the following statement: Any changes to applications received (e.g., quantity, source) must be submitted and approved in writing.

Yes No

3. Acknowledge (yes or no) the following statement: The applicant is responsible for all shipping costs associated with the submission and retrieval of coins to the Program.

Yes No

I have read and understood the instructions for submitting material to the United States Mint Mutilated Coins Redemption Program. My submission is compliant with the Program's acceptance criteria stated on the United States Mint's website and 31 C.F.R. Part 100, subpart C. I understand that if this submission is not found to be compliant with those requirements, I will be responsible for arranging return shipping or that the property will be considered abandoned if not retrieved within 30 days of notification. I understand that counterfeit coins are subject to forfeiture under 18 U.S.C. 492 and that if my submission contains counterfeits, the entire submission will be turned over to law enforcement authorities for forfeiture. All information I have provided to the U.S. Mint is accurate to the best of my knowledge. I affirm the information provided is true, complete, and correct under penalty of perjury.

Printed Name:

Title (if company):

Company name (if company):

Signature:

Date of Signature (mm/dd/yyyy):

DEPARTMENT OF THE TREASURY
United States Mint

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(09/2020)