## ELECTRONIC RECORDS EXPRESS (ERE) WEBSITE REGISTRATION FORM INSTRUCTIONS

Enter your first name, middle initial, and last name.		
Check the box for attorney or non attorney representative or for vocational or medical expert.		
Enter the last four digits of your own Social Security Number.		
Select the appropriate business structure.		
Enter the firm/organization's complete business name.		
Enter the email address and telephone number of the individual registering for the ERE website.		
Enter your address or the address of the firm or organization.		
Enter the hearing office where most of your hearings are conducted. NOTE: This does not		
preclude you from sending information to other hearing offices using the ERE website.		

This form will be retained for only the amount of time needed to enter the information into the registration process. Once the informant is registered, the form will be destroyed.

This information is being collected by authority granted in 20 CFR 404.701-780; 20 CFR 404.1512; 20 CFR 416.912; 20 CFR 405.215; 20 CFR 404.925 and 20 CFR 405.331. The information collected on this form is being collected to allow the informant to access and use the Electronic Records Express website to submit evidence. Your response is voluntary, but you will not receive access to the ERE website unless this information is supplied to the Office of Disability Adjudication and Review. Your response is confidential and the information will not be used for any purpose other than the one stated here. This statement is required by 5 CFR 1320.8(b)(3).

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions.

Complete the following information to obtain access to the Electronic Records Express (ERE) website.

You will receive an email advising you of your User Personal Identification Number. You will receive a separate notification with your temporary password.

Please tab from field to field

USER INFORMATION					
1. Your Name:					
2 Attorney			Vocational Expert		
	L				
	tive	<u> </u>	Medical Expert		
3. Enter the last four digits of your Social Security Number:					
4. Select one of the following:					
Sole Proprietor					
Firm or Organization					
5. Enter your Firm's or Organization's full name:					
6. Phone (Include area code):					
7. E-mail Address:					
8. Street Address (Line 1):					
9. Street Address (Line 2):					
10.City:	11.State:		12.Zip Code:		
13. Principal Hearing Office:					

For Hearing Office Use Only					
Sponsor Name:	Phone (Include area code)				
Assigned User Name	Date entered in ERE:				