

Screens 1.8 - 1.23 are for Appointed Representative Registration only. They are highlighted below.

Customer Service Application IRES and AR Screenshots for Appointed Representative Registration

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1. Screen Shots

1.1. CSA Home - CS001

1.1.1.

Integrated Registration Services (IRES)

Customer Support Application

CSA Home

[Block](#)

[Unblock](#)

[Employer Address Search](#)

CSA Home [Help](#) CS001

Enter any one of the items below to search for an employer / entity or user:

Search for Employer / Entity:

EIN:

Search for User:

SSN:

or User ID:

or Rep ID:


Add Foreign User:

User lives and works outside U.S. and does not have an SSN.

1.2. New User Info - CS004

1.2.1.

Integrated Registration Services (IRES)



Customer Support Application

SSN: 123456789

[CSA Home](#)
[▶ New User Information](#)

New User Information [Help](#) CS004

*Indicates required field.

*First Name:

Middle Name:

*Last Name:

Suffix:

*Date of Birth:

*Address Line 1:

Address Line 2:

*City:

*State Abbreviation (for US)/Province:

*ZIP / Postal Code: Ext:

*Country:

*Phone: Ext:

Fax:

*Email:

Statement	Yes	No
Do you understand that the Social Security Administration will validate the information you provide against the information on our files?	<input type="radio"/>	<input checked="" type="radio"/>
Do you understand that you may be subject to civil or criminal penalties if you submit fraudulent information?	<input type="radio"/>	<input checked="" type="radio"/>
Do you understand that you are responsible for all actions taken using your User ID?	<input type="radio"/>	<input checked="" type="radio"/>

1.3. User Info - CS003

1.3.1.

Integrated Registration Services (IRES)

Customer Support Application

Name: BOB BUSINESSMAN SSN: 123456789 UserID: ABCD1234

[CSA Home](#)

▶ **User Information**

- [SSA Add Suites / Services](#)
- [SSA Service Status](#)
- [Add/Update Employer Info](#)
- [Report of Contact](#)
- [User History](#)
- [Deactivate SSA Services](#)
- [SSA Pending Services](#)
- [Block](#)
- [Unblock](#)

User Information for BOB BUSINESSMAN [Help](#) CS003

User ID Status: ACTIVE
User ID Issue Date: 01/01/2000
Password Issue Date: 01/01/2000
Password Expiration Date: 01/01/2000

Confirm / update information below with user:

***Indicates required field.**

*First Name:

Middle Name:

*Last Name:

Suffix:

*Date of Birth:

*Address Line 1:

Address Line 2:

*City:

*State Abbreviation (for US)/Province:

*ZIP / Postal Code: Ext:

*Country:

*Phone: Ext:

Fax:

*Email:

Suite specific registration information:

- [View / Update Appointed Representative Information](#)

1.4. Add Suites / Services - CS007

1.4.1.

Integrated Registration Services (IRES)

Customer Support Application

Name: BOB BUSINESSMAN SSN: 123456789 UserID: ABCD1234

[Help](#) CS007

- [CSA Home](#)
- [User Information](#)
- ▶ SSA Add Suites / Services**
- [SSA Service Status](#)
- [Add/Update Employer Info](#)
- [Report of Contact](#)
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- [Deactivate SSA Services](#)
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- [Block](#)
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Add Suites / Services

- Business Services Online Suite**
 - Attorney Fee
 - View File / Wage Report Status WITHOUT Name / SSN Errors
 - View File / Wage Report Status WITH Name / SSN Errors
 - SSN Verification Service (SSNVS)
 - Wage Reporting
 - Internet Representative Payee
- Appointed Representative Suite**

Register individual as an Appointed Representative. Service requests must be completed by the individual through the online Appointed Representative Suite.

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1.5. Service Status - CS008

1.5.1.

Integrated Registration Services (IRES)

Customer Support Application

Name: BOB BUSINESSMAN SSN: 123456789 UserID: ABCD1234 RepID: AB1234567 EIN: 1234567890

- CSA Home
- User Information
- SSA Add Suites / Services
- ▶ SSA Service Status
- Add/Update Employer Info
- Report of Contact
- User History
- Deactivate SSA Services
- SSA Pending Services
- Block
- Unblock

Service Status [Help](#) CS008

Active Services:

Suite	Service	Affiliation	Status Date
BSO	Sample Service 1	EIN: 1234567890	2008-01-01
AR	Sample Service 2	RepID: AB1234567	2008-01-01

Deactivated Services:

Suite	Service	Affiliation	Status Date	Deact. by	Reason
BSO	Sample Service 1	EIN: 1234567890	2008-01-01	PIN HOLDER	NO LONGER AUTHORIZED
AR	Sample Service 2	RepID: AB1234567	2008-01-01	PIN HOLDER	NO LONGER AUTHORIZED

Deactivated Employers:

Affiliation	Status Date
EIN: 1234567890	2008-01-01
RepID: AB1234567	2008-01-01

1.6. Pending Services - CS012

1.6.1.

Integrated Registration Services (IRES)

Customer Support Application

Name: BOB BUSINESSMAN SSN: 123456789 UserID: ABCD1234 RepID: AB1234567 EIN: 1234567890

- CSA Home
- User Information
- SSA Add Suites / Services
- SSA Service Status
- Add/Update Employer Info
- Report of Contact
- User History
- Deactivate SSA Services
- ▶ SSA Pending Services**
- Block
- Unblock

Pending Services [Help](#) CS012

Select services to apply actions below:

<input type="checkbox"/>	Suite	Service	Entity	Status Date
<input type="checkbox"/>	BSO	Sample Service 1	EIN: 1234567890	2008-01-01
<input type="checkbox"/>	AR	Sample Service 2	RepID: AB1234567	2008-01-01

1.7. Deactivate Services - CS009

1.7.1.

Integrated Registration Services (IRES)

Customer Support Application

Name: BOB BUSINESSMAN SSN: 123456789 UserID: ABCD1234 RepID: AB1234567 EIN: 1234567890

- CSA Home
- User Information
- SSA Add Suites / Services
- SSA Service Status
- Add/Update Employer Info
- Report of Contact
- User History
- ▶ Deactivate SSA Services**
- SSA Pending Services
- Block
- Unblock

Deactivate Services [Help](#) CS012

Select services to apply actions below:

<input type="checkbox"/>	Suite	Service	Entity	Status	Status Date
<input type="checkbox"/>	BSO	Sample Service 1	EIN: 1234567890	Active	2008-01-01
<input type="checkbox"/>	AR	Sample Service 2	RepID: AB1234567	Pending	2008-01-01

Deactivation Requestor Information:

***Indicates required field.**

*First Name:

Middle Name:

*Last Name:

Suffix:

*SSN:

*Phone: Ext:

*Relationship to UserID Holder:

*Reason for Deactivation:

1.8. AR – Register – AR001

1.8.1.



Integrated Registration Services (IRES)

Customer Service Application

Name: BOB BUSINESSMAN SSN: 123456789 UserID: ABCD1234

[CSA Home](#) [Policy Net](#) [Help](#) AR001

About Appointed Representative Registration (SSA-1699)

How to Proceed

Do not enter incomplete forms. They should be returned to the sender.

Next >

1.9. Register - Rep Standing – AR002

1.9.1.

Integrated Registration Services (IRES)

Customer Service Application

Name: BOB BUSINESSMAN SSN: 123456789 UserID: ABCD1234

[CSA Home](#) [Policy Net](#) [Help](#) AR002

Your Representational Standing

* Indicates required information

***Select one of the four choices below to indicate your standing:**

Attorney who is in good standing and admitted to practice law before the U.S. Supreme Court; a U.S. Federal, state, territorial, insular possession, or District of Columbia court; or is a member of a state bar if that membership carries with it the authority to practice law in that state.

If you are **not** currently admitted **and** in good standing in at least one jurisdiction, you must register as a non-attorney.

Non-Attorney/Staff who provides services to SSA claimants or beneficiaries either as an appointed representative or on behalf of an appointed representative, and

You are **not** an attorney, or

You **were** an attorney, but are not in good standing in at least one jurisdiction.

Other (e.g. family member, friend, clergy, etc), if you are not in the business of providing services to SSA claimants and beneficiaries, but are registering to be an appointed representative for someone such as a relative, friend, or other acquaintance.

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1.10. Register - Other Rep Info – AR003

1.10.1.

Integrated Registration Services (IRES)

Customer Service Application

Name: **BOB BUSINESSMAN** SSN: **123456789** UserID: **ABCD1234**

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[Help](#) AR003

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includes supplement (pg. 12)
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Representative Contact Information

* Indicates required information

***Address for receipt of SSA notices:**

1234 Sample Drive, Baltimore, MD 12345

Another address

***Country:**

***Street Address:**

***Line 1:**

Line 2:

***City:** ***State:** ***ZIP Code:**

***Telephone number:**

555-555-5555

Another phone number

Phone Number:	Extension:
<input type="text"/>	<input type="text"/>

< BackSave & ExitNext >

1.11. Register - Attorney Information – AR004

1.11.1.

Integrated Registration Services (IRES)

Customer Service Application

Name: **BOB BUSINESSMAN** SSN: **123456789** UserID: **ABCD1234**

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Working for Individual

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Sign and Submit

[Policy Net](#) [Help](#) AR004

Your Bar and Court Information

* Indicates required information

Attorney Information

***American Bar Association (ABA) Number:**

Not an ABA member

Provide the following information for **all U.S. courts or bars** (state and Federal levels) to which you **are now or have ever been** licensed to practice as an attorney.

***Location:**

***Court or Bar:**

***Year Admitted:** YYYY

Court or Bar License No. (if one issued):

***Present Standing:**

1.12. Register - Rep Standing – AR005

1.12.1.

Integrated Registration Services (IRES)

Customer Service Application

Name: BOB BUSINESSMAN SSN: 123456789 UserID: ABCD1234

[CSA Home](#) [Policy Net](#) [Help](#) AR005

Your Representation

* Indicates required information

***Did the Representative complete Section IV of form?**
 Yes No

***Did the Representative complete Section V or VI of form?**
 Yes No

< Back Save & Exit Next >

1.13. Register - Individual Info –AR006


1.13.1.

Social Security Online
www.socialsecurity.gov

MARK KOCH

Log Out

1 Standing
2 Provide Information
3 Attestations
4 Summary
5 Sign & Submit
6 Confirmation

 **Your Information as an Individual Representative**

* Indicates required information

Notice Address(es)

Note: We will send your checks, if applicable, and notices to the first address listed below.

* **Address for receipt of SSA notices:**

Street Address	City	State	Zip	Update	Delete
9999 Wall Street, Nice Avenue	Baltimore	MD	10000	<input type="button" value="Update"/>	<input type="button" value="Delete"/>
Sample Address, New Drive	Ellicott City	MD	12345	<input type="button" value="Update"/>	<input type="button" value="Delete"/>

Other Contact Information

* **Alternate Phone Number:**
 8978978978
 Another phone number

Your Fax number at this entity:
 8978978978
 Another fax number

Alternate Email Address (used for appointed representative services):
 sample@email.com
 Another email

* **Are you currently eligible for direct payment from SSA?** (You received notice that you meet our requirements under the Social Security Act or regulations.)
 Yes No
[What is direct payment?](#)

www.socialsecurity.gov

1.14. Register - Individual Payment Info – AR007

1.14.1.

Appointed Representative Services		Customer Support Application	
Name: SUBMISSION PATH		SSN: 542334001	User ID: AN7MV95N
CSA Home	Policy Net	Help AR007	
Individual Payment Information			
* Indicates required information			
Section II	* Did the Representative provide payment information on page 10? <input checked="" type="radio"/> Yes <input type="radio"/> No		
Representational Standing			
Section III	Your Tax Address		
Bar and Court Information	* What is your tax address? <input checked="" type="radio"/> Sample Address, New Drive, Ellicott City, MD 12345 BALTIMORE, MD 21202 <input type="radio"/> Another address		
Section IV	Payment Method		
Representation	* What is your preferred payment method? (If the notice address on page 10 is not shown in the following selections, please go to the previous page to add it.)		
Individual Rep Info	<input type="radio"/> Direct Deposit to your U.S. bank account <input checked="" type="radio"/> Check sent to the Notice address 9999 Wall Street, Nice Avenue, Baltimore, MD 10000, UNITED STATES		
▶ Supplement (page 10)			
Direct Payment for Individual			
Section V and VI	<input type="button" value=" < Back"/>	<input type="button" value=" Exit"/>	<input type="button" value=" Next >"/>
Working for Entity/Firm includes supplement (pg. 12)			
Working for Individual			
Section VII			
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Sign and Submit			

1.15. Register - Past Affiliations – AR008

1.15.1.

Integrated Registration Services (IRES)

Customer Service Application

Name: **BOB BUSINESSMAN** SSN: **123456789** UserID: **ABCD1234**

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Past Registration Information


We have information on the following entities/firms. If they are not on the current 1699, you can delete them here.

When you select Next, you will have to update the information from the form for each remaining entity/firm on the list.

EIN	Name	
66-1234567	Law Firm of James L. Mills	<input type="button" value="Delete"/>
88-8765432	Smith & Jones LLC	<input type="button" value="Delete"/>

1.16. Register - Entity Affiliation – AR009

1.16.1.

 **Appointed Representative** **Customer Support Application**

Name: SUBMISSION PATH SSN: 542334001 User ID: AN7M/95N [Help](#) AR009

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Your Info When Working for an Entity/Firm or Individual

Section II * Indicates required information

Representational Standing * You work for:

an entity (Section V is completed)

an individual (Section VI is completed)

Section III **Bar and Court Information**

Section IV **Representation**

Individual Rep Info Please enter the entity's/firm's Employer Identification Number (EIN) and choose the Verify Entity Name button in order to see the official name associated with that EIN.

* EIN:

* Are you eligible for direct payment when you work for this entity/firm?

Yes No

Section V and VI **Your Contact Information at this Entity/Firm**

* Your address at this entity/firm (Do not include company name):

123 MAIN ST, BALTIMORE, MD 21202

Another address

* Your telephone number at this entity/firm:

444-444-4444

Another phone number

Attestations for Representation Your fax number at this entity/firm:

444-444-4444

Another fax number

Summary Your email address at this entity/firm:

sample@email.com

Another email

Section VIII **Notice Address**

* Address for Receipt of SSA Notices:

123 MAIN ST, BALTIMORE, MD 21202

Another address

Payment Method * What is your preferred payment method?

Direct Deposit to the bank listed on page 12

Check mailed to the Notice Address above

Tax Address * What is your tax address?

123 MAIN ST, BALTIMORE, MD 21202

Notice address above

Another address

Attestation by Attorney or Non-Attorney Eligible for Direct Pay

This attestation is required if you are an attorney or a non-attorney eligible for direct pay while working for one or more entities/firms that may request direct payment.

In any claim on which I will not be individually appointed as the representative, but will perform advocacy services on behalf of an entity that is appointed as a representative, I attest to:

- All of the advocacy services I will perform on these claims will be on behalf of the entity,
- SSA should pay directly to the entity all fees for the services I will provide on these claims, and
- I will receive my compensation for providing these services directly from the entity.

The Representative checked this attestation.

1.17. Register - Entity Affiliation Additional – AR009

1.17.1.

Integrated Registration Services (IRES)

Customer Service Application

Name: **BOB BUSINESSMAN** SSN: **123456789** UserID: **ABCD1234**

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includes supplement (pg. 12)
Working for Individual

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[Policy Net](#) [Help](#) AR009

Your Info When Working for an Entity/Firm or Individual

* Indicates required information

EIN / RepID	Name		
99-9999999	Scott & Associates	<input type="button" value="Update"/>	<input type="button" value="Delete"/>
88-8888888	Jackson & Jackson, Inc.	<input type="button" value="Update"/>	<input type="button" value="Delete"/>

***You work for:**

an entity (Section V is completed)

an individual (Section VI is completed)

Please enter the entity/firm's Employer Identification Number (EIN) and choose the Verify Name button in order to see the official name associated with that EIN.

***EIN:**

***Are you eligible for direct payment when you work for this entity/firm?**

Yes No

Your Contact Information at this Entity/Firm

***Your address at this entity/firm:**

1234 Sample Drive, Baltimore, Maryland 12345-1234

Another address

***Your telephone number at this entity/firm:**

(555) 555-5555

Another phone number

Your fax number at this entity/firm:

(555) 555-0280

Another fax number

Your email address at this entity/firm:

sample@email.com

Another email

1.18. Register - Entity Affiliation Individual – AR009

1.18.1.

Integrated Registration Services (IRES)

Customer Service Application

Name: **BOB BUSINESSMAN** SSN: **123456789** UserID: **ABCD1234**

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Your Info When Working for an Entity/Firm or Individual

* Indicates required information

***You work for:**

an entity (Section V is completed)

an individual (Section VI is completed)

The Individual for Whom You Work

***Name of individual for whom you work:** (This must match the name this individual used when he or she registered with us.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*First	Middle	*Last	Suffix

***Rep ID for the individual named above:**

Your Contact Information With this Individual

***Address:**

1234 Sample Drive, Baltimore, Maryland 12345-1234

Another address

***Your Telephone Number:**

(555) 555-5555

Another phone number

Your Fax Number:

(555) 555-0280

Another fax number


Your Email Address:

sample@email.com

Another email

1.19. Register – Attestations – AR010

1.19.1.

 Appointed Representative Services **Customer Support Application**

Name: SUBMISSION PATH SSN: 542334001 User ID: AN7MV95N [Help](#) AR010

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Attestations for Representation

* Indicates required information

Please read and accept the following statements:

- **I understand and will comply** with SSA laws and rules relating to the representation of parties, including the Rules of Conduct and Standards of Responsibility for Representatives.
- **I will not** charge, collect, or retain a fee for representational services that SSA has not approved or that is more than SSA approved, unless a regulatory exclusion applies.
- **I will not** threaten, coerce, intimidate, deceive, or knowingly mislead a claimant or prospective claimant, or beneficiary, regarding benefits or other rights under the Social Security Act.
- **I will not** knowingly make or present, or participate in making or presenting, false or misleading oral or written statements, assertions, or representations about a material fact or law concerning a matter within SSA's jurisdiction.
- **I am aware** that if I fail to comply with any SSA laws and rules relating to representation, I may be suspended or disqualified from practicing as a representative before SSA.

The Representative checked this attestation.

Are you currently or have you ever been:

* **Suspended or prohibited from practice** before SSA or any other Federal program or agency?
 Yes No


* **Disbarred or suspended** from a court or bar to which you were previously admitted to practice as an attorney?
 Yes No

* **Convicted of a violation** under Section 206 or 1631(d) of the Social Security Act?
 Yes No

* **Disqualified from representing a claimant** as a current or former officer or employee of the United States?
 Yes No

1.20. Register - Attestation Details – AR011

1.20.1.

 **Appointed Representative** **Customer Support Application**

Name: SUBMISSION PATH SSN: 542334001 User ID: AN7MV95N

[PolicyNet](#) [Help](#) AR01

Attestations - Supporting Information

* Indicates required information

Information on Prohibition from Practice Before Federal Program or Agency
Representative answered YES to "prohibited from practice before SSA or any other Federal program or agency"

* **Federal Program or Agency:**

* **Beginning Date:** (mm/dd/yyyy) **Ending Date if Applicable:** (mm/dd/yyyy)

* **Briefly describe the circumstances:**

Information on Disbarment or Suspension
Representative answered YES to "disbarred or suspended from a court or bar to which you were previously admitted to practice as an attorney"

* **Location:**

* **Court or Bar:**

* **Beginning Date:** (mm/dd/yyyy) **Ending Date if Applicable:** (mm/dd/yyyy)

* **Briefly describe the circumstances:**

Information on Violation of the Social Security Act
Representative answered YES to "convicted of a violation under Section 206 or 1631(d) of the Social Security Act"

* **Describe the Violation:**

* **Beginning Date:** (mm/dd/yyyy) **Ending Date if Applicable:** (mm/dd/yyyy)

* **Briefly describe the circumstances:**

Information on Disqualification from Representing a Claimant
Representative answered YES to "disqualified from representing a claimant as a current or former officer or employee of the United States"

* **Describe the disqualification:**

* **Beginning Date:** (mm/dd/yyyy) **Ending Date if Applicable:** (mm/dd/yyyy)

* **Briefly describe the circumstances:**

1.21. Register – Summary – AR012

1.21.1.

Integrated Registration Services (IRES)

Customer Service Application

Name: **BOB BUSINESSMAN** SSN: 123456789 UserID: ABCD1234

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Summary

Last updated June 2, 2009.

Please verify that the information you provided is correct.

Your Representational Standing [Update Representational Standing](#)

Standing	Attorney
----------	----------

Your Court and Bar Information [Update Court and Bar Information](#)

Court or Bar	Present Standing
Maryland State Bar Assn.	Active / Good Standing

Your Representations [Update Representations](#)

Are you now or do you expect to ever be an appointed representative (not working for an entity or firm)?

Yes

Do you work for one or more:

- entities or firms when they are appointed as representatives?
- individual appointed representatives?

Yes

Your Individual Representative Information [Update Individual Representative Info](#)

Notice Address(es)	City	State	Zip
1234 Sample Address	Baltimore	MD	12345

Phone Number: (555) 555-5555

FAX Number: (777) 777-7777

Email Address: bob@representative.com

Your Individual Representative Payment Info [Update Individual Representative Payment Info](#)

Tax Address: 123 Sample Address Baltimore MD 12345

Payment Method: Direct Deposit

Routing Number: 454545454

Bank Name: Bank of America

Account Number: xxxxxxxx7777

Info When Working for an Entity/Firm or Individual [Update Entities/Firms/Individuals](#)

EIN/Rep ID	Name
99-9999999	Scott & Associates
88-8888888	Jackson & Jackson, Inc.
QWER1234	Scott Andrews
ASD1234F	Amy Andrews

Attestations for Representation [Update Attestations](#)

Are you currently or have you ever been:

Suspended or prohibited from practice before SSA or any other Federal program or agency? No

Disbarred or suspended from a court or bar to which you were previously admitted to practice as an attorney? Yes

Convicted of a violation under Section 206 or 1631(d) of the Social Security Act? No

Disqualified from representing the claimant as a current or former officer or employee of the United States? No

Attestations - Supporting Information [Update Supporting Information](#)

Court or Bar	Beginning Date	Ending Date
District of Columbia Bar Association	01/03/1978	01/03/1979


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1.22. Register - Sign & Submit – AR013

1.22.1.



Appointed Representative Services

Customer Support Application

Name: SUBMISSION PATH SSN: 542334001 User ID: AN7MV95N

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Sign and Submit

* Indicates required information

- **I will not divulge** any information that SSA has furnished or disclosed about a claim or prospective claim, unless I have the claimant's consent or there is a Federal law or regulation authorizing me to divulge this information.
- **I have in place** reasonable administrative, technical, and physical security safeguards to protect the confidentiality of all personal information I receive from SSA, to avoid its loss, theft, or inadvertent disclosure.
- **I will not omit or otherwise withhold** disclosure of information to SSA that is material to the benefit entitlement or eligibility of claimants or beneficiaries, nor will I cause someone else to do so, if I know or should know, that this would be false or misleading.
- **I will not use** Social Security program words, letters, symbols, branding, or emblems in my advertising or other communications, in a way that conveys the false impression that SSA has approved, endorsed, or authorized me, my communications, or my organization, or that I have some connection with or authorization from SSA.
- **I will update this registration** if my personal, professional or business affiliation information changes, including information related to disbarments, suspensions or sanctions.
- **I am aware** that if I fail to comply with SSA laws and rules, I could be criminally punished by a fine or imprisonment or both, and I could be subject to civil monetary penalties.
- **I understand** that SSA will validate the information I provide.

* The Representative checked this attestation

* The SSA-1699 was signed by the person identified in Section I.

* Date on form: (mm/dd/yyyy)

1.23. Register - Confirmation

1.23.1.

Integrated Registration Services (IRES)

Customer Service Application

Name: BOB BUSINESSMAN SSN: 123456789 UserID: ABCD1234

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Issue Representative ID Number

You have successfully completed this Appointed Representative Registration.

User ID: XY123456

An SSA Representative Identification Number (Rep ID) has been assigned:

Rep ID: 1a2b3c4d5e

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Do not destroy the paper form. See Policy Net for instructions on where to send it.

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