

Internet Appointed Representative Individual Registration

Table of Contents

1.1. Register –Individuals and Staff.....	2
1.2. Register - Rep Standing.....	5
1.3. Register - Rep Standing - Attorney.....	6
1.4. Register - Rep Standing - Attorney.....	7
1.5. Register - Rep Standing - Non.....	8
1.6. Register - Rep Standing - Other.....	9
1.7. Register - Rep Standing - Other.....	10
1.8. Register - Your Individual Rep Info.....	11
1.9. Register - Individual Rep Payment Info.....	12
1.10. Past Affiliations.....	13
1.11. Register - Affiliation.....	14
1.12. Register - Affiliation showing entity.....	15
1.13. Register - Affiliation showing individual.....	16
1.14. Register - Additional Affiliation.....	17
1.15. Register - Attestations.....	18
1.16. Register - Summary.....	21
1.17. Register - Sign & Submit.....	22
1.17.2 Register - Confirmation.....	24

1.1. Register –Individuals and Staff

Social Security Online **Appointed Representative Services** 

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Bob Businessman  **Registration of Individuals and Staff for Appointed Representative Services**

[Log Out](#)

What You Will Need to Complete Your Registration

- If you are an attorney or a non-attorney eligible for direct payment and you want us to send payments directly to you, you will need to provide a tax address and banking information.
- If you provide services for:
 - an entity or firm appointed as a representative, you will need the entity's Employer Identification Number (EIN).
[What is an EIN?](#)
 - an individual representative, you will need his or her Representative ID (Rep ID) and the name that he or she used when registering with us. If the individual does not have a Rep ID, he or she must register with us and receive his or her Rep ID **before you complete your registration.**

[View Privacy Act information](#)
[View Paperwork Reduction Act](#)

Form Approved:
OMB No. 0960-0732

[Exit](#) [Next>](#)


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1.1.1.

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Appointed Representatives

Home Questions? Contact Us Search GO

 **Privacy Act Statement**

Collection and Use of Personal Information

Sections 206(a) and 1631(d) of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to facilitate direct payment of authorized fees and to meet the reporting requirements of the law.

The information you furnish on this form is voluntary. However, failure to provide the requested information will prevent you from serving as an appointed representative.

We generally use the information you supply for the purpose of facilitating payments. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to ensure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and our programs and systems, is available online at www.socialsecurity.gov or at your [local Social Security office](#).

1.1.2.

1.1.3.

The screenshot shows the top portion of a web page. At the top left, it says "Social Security Online" and "www.socialsecurity.gov". The main header is "Paperwork Reduction Act" in a large, serif font, with several stars to its right. Below the header is a navigation bar with "Home", "Questions?", and "Contact Us" links, and a search box on the right. The main content area has a grey background with a pattern of stars. On the left side of this area, the text "Paperwork Reduction Act Statement" is displayed. To the right, there is a circular logo for the Social Security Administration and a paragraph of text explaining the Paperwork Reduction Act of 1995. The text states that the information collection meets clearance requirements and that users are not required to answer questions unless a valid Office of Management and Budget control number is displayed. It also estimates that it will take about 22 minutes to read the instructions, gather facts, and answer questions.

Paperwork Reduction Act Statement

PAPERWORK REDUCTION ACT STATEMENT: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 22 minutes to read the instructions, gather the necessary facts, and answer the questions.

1.2. Register - Rep Standing


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Appointed Representative Services

MARK KOCH

Log Out

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



Your Representational Standing

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 who provides services to SSA claimants or beneficiaries either as an appointed representative or on behalf of an appointed representative, and

[What we mean by "on behalf of"](#)

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, 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.

< Back Exit Next >

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1.3. Register - Rep Standing - Attorney


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Bob Businessman

[Log Out](#)

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



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 and bars** (state and all Federal levels) to which you **are now or ever have been** admitted to practice as an attorney. When you are finished, choose the Next button to continue.

***Location:**

***Court or Bar:**

***Year Admitted:**
YYYY

Court or Bar License No. (if issued):

***Present Standing:**

[Add Another Bar/Court](#)

[< Back](#)[Save & Exit](#)[Next >](#)

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1.4. Register - Rep Standing - Attorney

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Bob Businessman

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

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 and bars** (state and all Federal levels) to which you **are now or ever have been** admitted to practice as an attorney. When you are finished, choose the Next button to continue.

Court or Bar	Present Standing	
Maryland State Bar Assn.	Active/Good Standing	<input type="button" value="Update"/>

***Location:**

***Court or Bar:**

***Year Admitted:**
yyyy

Court or Bar License No. (if issued):

***Present Standing:**

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1.5. Register - Rep Standing - Non

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Bob Businessman  **Your Representation**

[Log Out](#)

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

* Indicates required information

***Are you now or do you in the future expect to be an appointed representative (not working for an entity/firm)?** [What is an entity?](#)

Yes No

***Do you work for at least one individual or entity/firm that will be appointed as a representative?**

Yes No

[< Back](#) [Save & Exit](#) [Next >](#)

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1.6. Register - Rep Standing - Other

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Bob Businessman  **Representative Contact Information**

Log Out

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

* Indicates required information

Notice Address

This is the information we will use to contact you **about your work as an appointed representative.**

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

1234 Sample Drive, Baltimore, MD 12345
 Another address

***Telephone number:**

555-555-5555
 Another phone number

< Back Save & Exit Next >

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1.7. Register - Rep Standing - Other


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Bob Businessman

[Log Out](#)

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



Representative Contact Information

* Indicates required information

Notice Address

This is the information we will use to contact you **about your work as an appointed representative.**

***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:** -

XXXXXX - XXXX

***Telephone number:**

555-555-5555

Another phone number

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

< BackSave & ExitNext >

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1.8. Register - Your Individual Rep Info


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Appointed Representative Services

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		
9999 Wall Street, Nice Avenue	Baltimore	MD	10000	Update	Delete
Sample Address, New Drive	Ellicott City	MD	12345	Update	Delete

[Add Another Notice Address](#)

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.)
[What is direct payment?](#)
 Yes No

[< Back](#) [Exit](#) [Next >](#)

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1.9. Register - Individual Rep Payment Info


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Appointed Representative Services

MARK KOCH

Log Out

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

 **Individual Payment Information**

* Indicates required information

Any information you list below will replace the information which you provided in the past. Tax Address information will be used to mail IRS Form 1099-MISC if we make direct payment to you as an individual representative.

*** Might you request direct payment for your representational services from SSA?**
 Yes No

Your Tax Address

*** What is your tax address?**
 Sample Address, New Drive, Ellicott City, MD 12345
 Another address

Payment Method

*** What is your preferred payment method?**
 Direct Deposit to your U.S. bank account
 Check sent to the Notice address 9999 Wall Street, Nice Avenue, Baltimore, 10000, UNITED STATES

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1.10. Past Affiliations

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Bob Businessman

Log Out

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

 **Past Registration Information**

Our records indicate that you currently work for the following entities/firms. Delete any entities/firms for which you no longer work.

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

EIN	Name	
66-1234567	Law Firm of James L. Mills	Delete
88-8765432	Smith & Jones LLC	Delete

< Back Save & Exit **Next >**

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1.11. Register - Affiliation

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Bob Businessman  **Your Info When Working for an Entity/Firm or Individual**

Log Out

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

* Indicates required information

*I work (as an attorney, non-attorney, staff member, contractor, etc.) for:

an entity/firm when it is appointed as a representative
 an individual appointed representative

< Back Save & Exit Next >

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1.12. Register - Affiliation showing entity

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MARK KOCH

Log Out

- Standing
- Provide Information**
- Attestations
- Summary
- Sign & Submit
- Confirmation

Your Info When Working for an Entity/Firm or Individual

* Indicates required information

I work (as an attorney, non-attorney, staff member, contractor, etc.) for:

an entity/firm when it is appointed as a representative [What is an Entity?](#)

an individual appointed representative

Entity/Firm Information

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. See your W-2 or contact the Entity to get this number.

* EIN:

* **Are you an Eligible for direct payment when you work for this entity/firm?** (You received notice that you meet our requirements under the Social Security Act of regulations.)

Yes No

Your Contact Information at this Entity/Firm

Provide your contact information for when you work on behalf of this entity/firm. Do not include the name of the entity/firm. We will automatically add the entity name on correspondence.

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

899890, KJKL, MD 98980

Another address

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

897-897-8978

Another phone number

Your fax number at this entity/firm:

897-897-8978

Another fax number

Your email address at this entity/firm:

sample@email.com

Another email

Notice Address For Your Work at This Entity/Firm

We need this information to make direct payments to attorneys and non-attorneys eligible for direct pay who are appointed as individual representatives and are working for an entity/firm until our regulations recognize entity/firm representatives.

* **Address for Receipt of SSA notices:**

899890, KJKL, MD 98980

Another address

Payment Method

* **What is your preferred payment method?**

Direct Deposit to another U.S. bank account that lists me as an owner or co-owner

Check mailed to the Notice Address provided above

Tax Address

* **What is your tax address?** (required if payment method is provided above)

899890, KJKL, MD 98980

Another address

Attestation by Attorney or Non-Attorney Eligible for Direct Pay

- This attestation is required if you work on behalf of an entity that may request direct payment of its fee, and you are an attorney or a non-attorney eligible for direct pay while working on behalf of this entity.
- You only need to make this attestation once, regardless of the number of entities you identify in this section.

Read the statements below and check the box to indicate your certification.

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:

- 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.

I attest to all of the above.

< Back Exit

Page 15

1.13. Register - Affiliation showing individual

Social Security Online

Appointed Representative Services

★ ★ ★

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Bob Businessman

[Log Out](#)

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

Your Info When Working for an Entity/Firm or Individual

* Indicates required information

***I work (as an attorney, non-attorney, staff member, contractor, etc.) for:**

an entity/firm when it is appointed as a representative

an individual appointed representative

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"/>
<small>*First</small>	<small>Middle</small>	<small>*Last</small>	<small>Suffix (if any)</small>

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

Your Contact Information With This Individual

Provide contact information for yourself when you work for this individual. We will use this information if we need to reach you regarding any case for which this individual is appointed as the representative.

***Address:**

1234 Sample Drive, Baltimore, Maryland 12345-1234

Another address

***Telephone Number:**

(555) 555-5555

Another phone number

Fax Number:

(555) 555-0280

Another fax number

Email Address:

sample@email.com

Another email

[Add Another Entity/Firm or Individual](#)

[< Back](#)[Save & Exit](#)[Next >](#)

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1.14. Register - Additional Affiliation


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Bob Businessman

[Log Out](#)

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



Your Info When Working for an Entity/Firm or Individual

* Indicates required information

EIN / RepID	Name		
99-9999999	Scott & Associates	Update	Delete
A1B2C3D4	Scott Andrews	Update	Delete

***I work (as an attorney, non-attorney, staff member, contractor, etc.) for:**

an entity/firm when it is appointed as a representative

an individual appointed representative

[< Back](#) [Save & Exit](#) [Next >](#)

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1.15. Register - Attestations

User chooses 'Yes' for all the attestation questions on 'Attestations' page.


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Appointed Representative Services

Bob Businessman

Log Out

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



Attestations for Representation

* Indicates required information

If you will ever be appointed as a representative or will provide advocacy services on behalf of an entity representative, you **MUST ATTEST** to these statements and provide any additional information as indicated.

[What are advocacy services?](#)

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.

I attest to all of the above.

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

< Back Exit Next >

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→Attestations - Supporting Information page will be displayed with all the 4 panels as the user selected YES for all 4 questions on the previous page.

→User should enter mandatory information on all the 4 panels (in this case) and should click 'Next' so that the information on this page can be saved and proceed to the next page.

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Appointed Representative Services

MARK KOCH
Log Out

Attestations - Supporting Information

* Indicates required information

Information on Prohibition from Practice Before Federal Program or Agency
You indicated that you have been "prohibited from practice before SSA or any other Federal program or agency." Please provide details below.

* 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
You indicated that you have been "disbarred or suspended from a court or bar to which you were previously admitted to practice as an attorney." Please provide details below.

* 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
You indicated that you have been "convicted of a violation under Section 206 or 1631 (d) of the Social Security Act." Please provide details below.

* 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
You indicated that you have been "disqualified from representing a claimant as a current or former officer or employee of the United States." Please provide details below.

* Describe the disqualification:

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

* Briefly describe the circumstances:

< Back Exit Next >

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Case 2: User chooses 'Yes' only for the first question (Suspended or Prohibited) on 'Attestations' page.

→ Attestations - Supporting Information page will be displayed with the corresponding (Suspended or Prohibited) panel as user selected a 'YES' for only question related to this on the previous page.

→ User should enter mandatory information on this panel and should click 'Next' so that the information on this page can be saved and proceed to the next page.

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MARK KOCH

Log Out

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

Attestations - Supporting Information

* Indicates required information

Information on Prohibition from Practice Before Federal Program or Agency

You indicated that you have been "prohibited from practice before SSA or any other Federal program or agency." Please provide details below.

* Federal Program or Agency:

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

* Briefly describe the circumstances:

< Back Exit Next >

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Other Information:


Updating the information on Supporting Information page:

User can come back through 'back' button from the next page or can click the relevant button on the Summary page to come to this screen.

User will be shown the information that he/she has entered before in the corresponding panels. User can simply edit the information (if required) and click on 'Next' button. The data will be updated in the session.

1.16. Register - Summary

Social Security Online **Appointed Representative Services**
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Bob Businessman  **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? **Yes**
- 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.
OWER1234	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

< Back Save & Exit Next >

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1.17. Register - Sign & Submit

MARK KOCH

Log Out

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



Sign & Submit

* Indicates required information

You must attest to these statements in order to register and receive a Rep ID:

- **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.

* I attest to all of the above.

I declare under penalty of perjury that I have examined all of the information on this application and it is true and correct to the best of my knowledge.

* Checking this box will serve as my electronic signature.

< Back Exit

Submit

1.17.2 Register - Confirmation


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Bob Businessman

Log Out

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

 **Important Information: Print this Page**

[Print your User ID and Rep ID](#) and keep in a safe place.

Thank you! You have successfully completed Appointed Representative Registration.
Your **User ID** to login to Appointed Representative services using your password is:

User ID: XYZ12345

A **Representative Identification Number (Rep ID)** has been assigned to you:

Rep ID: 1a2b3c4d5e

You will need to use this Rep ID in order to request access to SSA Online Services for Appointed Representatives

If you were issued a User ID for other online services, that User ID will remain unchanged.

Request Online Services Exit to Business Services Online

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