

SOCIAL SECURITY  
ADMINISTRATION'S  
USER'S GUIDE FOR

CONSENT BASED  
SOCIAL SECURITY NUMBER  
VERIFICATION  
(CBSV)

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## **1.0 General Information**

The purpose of the Consent Based SSN Verification System (CBSV) is to allow private businesses to verify that the name and SSN obtained from a customer matches or does not match the data in SSA's records. The information is matched against SSA's Master File of Social Security Numbers (SSNs), using Social Security number, name, date of birth and sex code (if available). The system has name and date of birth tolerances.

Any information that a company receives from records maintained by SSA is governed by the Federal Privacy Act (5 USC§ 552a). Under this Act, persons who obtain information under false pretenses, or use this information for a purpose other than that for which it was requested, may be punished by the penalty of a fine, imprisonment or both (5 USC§ 552a(i)).

You, or your company, have previously received and signed a User Agreement covering your participation in this process to provide SSN verification for private businesses. That document contained information about the purpose of the process, legal requirements, costs, and certain technical requirements. This document provides more specific technical information on how to participate in this process.

NOTE: We reserve the right to change the following at any time:

- Limit the number of verification requests;
- Fees;
- Process changes (for example, method of accepting requests and providing results); and/or
- Minor administrative changes (for example, changes to SSA mailing addresses, email addresses, names of personnel, locations, etc.).

### **1.1 Information for Employers/Individuals Obtaining Access to CBSV**

- If your employee requests access to any other services that SSA's Business Services Online (BSO) provides, you will receive additional letters from the Social Security Administration explaining the services requested and the actions you must take.
- Notify us if your employee leaves your company or if you choose to revoke any or all of your employees' authorization to use SSA's BSO.
- SSA will provide SSN verification information only about individuals from whom your company has obtained valid consent forms (Form SSA-89, Authorization for SSA to Release SSN Verification).
- SSA will verify SSNs solely for the purpose(s) specified on the individual consent forms associated with the verification requests. Your company may use the verified SSN only for the purpose(s) specified by the individual signing the consent form (Form SSA-89). Exceeding the scope of the consent could violate state or Federal law and subject the requesting party to legal consequences.
- Your company shall protect the confidentiality of consent forms (and the information contained on them) and protect the associated record of SSN verification.
- Notwithstanding any other provision of this agreement, SSA reserves the right to unilaterally suspend access to these services if SSA concludes that your company has failed to properly obtain consent or otherwise failed to follow the terms of the agreements

associated with this service.

- Your company must be in physical possession of the signed consent forms (Form SSA-89) prior to requesting verifications of the SSNs.

## **1.2 Help**

### **If you have questions:**

- Call us at 888-772-2970 between 8:30 a.m. and 4:00 p.m. Eastern time, Monday through Friday; or
- Send us an email message at: [verificationinfo@ssa.gov](mailto:verificationinfo@ssa.gov).

## **2.0 Instructions for Completing the Registration Process**

- Purpose: To describe the steps for completing the registration process by the Requesting Party and by Authorized Users.
- Registration by Requesting Party:  
The following required registration documents will be sent by the Requesting Party to the designated SSA office:
  - Signed User Agreement with the \$5,000 registration fee;
  - Signed SSA-1235 (Agreement Covering Reimbursable Services) with advance transaction fee funding;
  - Signed Attestation Statement; and
  - Signed SSA-88 (Pre-Approval Form for CBSV)

Additionally, the requesting party will confirm that advanced payment (by company check or company credit card) has been deposited in an Account set up by SSA's Office of Finance. The signed SSA-1235 (Agreement Covering Reimbursable Services) should be sent to the Office of Finance along with payment to:

Social Security Administration  
6401 Security Blvd.  
P.O. Box 17402  
Baltimore, Maryland 21235

- Registration by Authorized Users: The Requesting Party's Authorized User(s) will register to use the CBSV application via the BSO Welcome Page at [www.ssa.gov/bsowelcome.htm](http://www.ssa.gov/bsowelcome.htm). The registrant will be assigned a PIN and will select a password. The registration is completed when the registrant is authenticated by the following procedure: SSA mails a "positive confirmation" letter with a unique access code to the designated company official who provides it to the Authorized User. At this point, the Authorized User will have access to the CBSV system.

### **3.0 Instructions for Online (Real-Time) SSN Verification of SSNs**

CBSV allows you to submit names and SSNs for verification both online and through electronic file submission. You may submit up to 10 names and SSNs for verification and obtain immediate results. There is no limit to the number of times CBSV web page may be used within a session.

The CBSV verification web page contains the following data entry fields:

#### **Social Security Number (SSN)**

The SSN field is mandatory.

The SSN must be nine (9) numerical characters only.

Alphabetic characters, hyphens, slashes or any other special characters are not allowed.

Spaces are not allowed.

#### **First Name**

The First Name field is mandatory.

The First Name must be between one (1) and 10 characters in length.

If the First Name is longer than 10 characters, enter the first 10 characters of the First Name.

Enter the First Name using alphabetic characters only.

Numbers, hyphens, slashes or any other characters are not allowed.

Spaces are allowed.

#### **Middle Name**

The Middle Name field is optional.

If entered, the Middle Name must be between one (1) and seven (7) characters in length.

If the Middle Name is longer than seven (7) characters, enter the first seven (7) characters of the Middle Name.

Enter the Middle Name using alphabetic characters only.

Numbers, hyphens, slashes or any other characters are not allowed.

Spaces are allowed.

#### **Last Name**

The Last Name field is mandatory.

The Last Name must be between one (1) and 13 characters in length.

If the Last Name is longer than 13 characters, enter the first 13 characters of the Last Name.

Enter the Last Name using alphabetic characters only.

Numbers, hyphens, slashes or any other characters are not allowed.

Spaces are allowed.

### **Suffix**

The Suffix field is optional.

If entered, the Suffix must be Jr., Sr., or a Roman numeral I through X.

Numbers, hyphens, slashes or any other characters are not allowed.

### **Date of Birth (DOB)**

The DOB field is optional.

If entered, the DOB must contain eight (8) digits.

Enter the employee's DOB using the format MMDDYYYY where:

- MM is the month; enter a value of 01 through 12

- DD is the day; enter a value of 01 through 31

- YYYY is the year; enter the first two (2) digits of the century followed by a value of 00 through 99.

Use numeric characters only.

Letters, hyphens, slashes, or any other characters are not allowed.

Spaces are not allowed.

The DOB cannot be before 1800 or after the current date.

### **Gender**

The Gender field is optional.

F = Female

M = Male

## **4.0 Submitting and Retrieving Batch Files through BSO**

### **4.1 Submitting Batch Files via BSO**

- Purpose: To describe the steps for submitting files for verification.
- Prerequisites: Registration has been completed.
- User options: The user may enter the CBSV Internet application (by logging into the application from the BSO Welcome Page at [www.ssa.gov/bsowelcome.htm](http://www.ssa.gov/bsowelcome.htm)) to submit files either in batch mode or by individual record request or the user may submit requests via a compatible web service application.
- Technical considerations for using the CBSV application: Users will be made aware of technical considerations that impact the way they will use the system and obtain results. These considerations are dependent upon the design of the software systems implemented to support this process. Once the design for the systems supporting this process is completed, then these technical considerations can be documented. The following steps, and associated user considerations, are expected:
  - Zip/Unzip: Files should be zipped to improve the efficiency of submittals, and only one file should be included in each zip file. Zip files containing multiple submittal files may not be processed.
  - Control: The system will check to ensure that the submitted file is in the defined format, and will assign a control number to each file accepted for processing.

- Billing-related Information: The system will capture billing-related information to be processed in accordance with the User Agreement and Form SSA-1235 (Agreement Covering Reimbursable Services).

#### **4.2 Retrieving Batch File Results via BSO**

- Purpose: To describe the steps for using the CBSV application to check the status of a file submittal and to obtain the results for processed files.
- Prerequisites: File successfully submitted.
- User options: Requests submitted via the Internet application in batch mode will receive results within two to three business days. Individual record requests submitted via the Internet application or requests sent via the web service will receive results in real time.
- Instructions: An outline of the steps for using the CBSV Internet application to check status and retrieve batch mode results is as follows:
  - The individual will login to the CBSV Internet application, which will be available from the BSO Welcome Page on [www.ssa.gov/bsowelcome.htm](http://www.ssa.gov/bsowelcome.htm)
  - After attestation and successful login, the individual will use the CBSV Internet application to check the status of submitted files and retrieve results.
  - Status may be checked immediately, and will be updated to indicate various stages of file processing (e.g., received, controlled, and completed).
  - Generally, results should be available within two to three SSA business days, although delays may be encountered due to downtime for system maintenance, or during peaks in SSA mission-related work.

#### **5.0 Instructions for Internet Application Input/Output Files**

- The authorized user shall submit requests in accordance with the input specifications described in this section.
- Based upon receipt of the input files, SSA will furnish the CBSV verification information in accordance with SSA output specifications described in this section.

#### **5.1 Input File Specifications**

##### **IMPORTANT**

- File should be a standard ASCII text file with both carriage return and line feed delimiters between records. Do not place a comma or any other character after any field that would make it the end of the data field.
- Files should be processed and results available within two to three SSA business days (excluding all Federal holidays and days that we are closed for inclement weather or other emergencies). Processing may take longer during peaks in the SSA programmatic-related workload, and these delays may occur without notice.



## FILE SPECIFICATIONS – Verification Requests

| ITEM                | SPECIFICATIONS             | NOTES  |
|---------------------|----------------------------|--|
| Dataset Name        | XXXX.YYMMDD.FEE.SEQ NUMBER | XXXX=Requester Identification Code assigned by SSA (4 alpha characters)<br>YYMMDD=Year, month, day (6 numeric characters)<br>Identifier=Fee (3 alpha characters)<br>Sequence Number =S + 3 numeric characters (to be used if you have more than one file)<br><br>Example<br>FXXX.050202.FEE.S001 |
| Fixed Length Record | 130 characters             |  |
| Data                | Unpacked                   |  |

## INPUT RECORD FORMAT FOR FILE THAT USER SENDS TO SSA

| RECORD LOCATION | FIELD DESCRIPTION   | FIELD SIZE | FIELD TYPE | MUST FILL* |
|-----------------|---|------------|------------|------------|
| 1-9             | SOCIAL SECURITY NUMBER –must contain 9 digits   | 9          | N          | YES        |
| 10-12           | ENTER ‘TPV’ (no quotes) – must be capital letters   | 3          | A          | YES        |
| 13-15           | ENTER Processing Code ‘213’ (no quotes)   | 3          | N          | YES        |
| 16-28           | LAST NAME -- delete all hyphens, apostrophes, blanks, periods, and suffixes (e.g., Jr., III) from the name field. Must contain at least one character | 13         | A          | YES        |
| 29-38           | FIRST NAME  | 10         | A          | YES        |
| 39-45           | MIDDLE NAME/INITIAL   | 7          | A          | NO         |
| 46-53           | DATE OF BIRTH—Enter in this format—MMDDCCYY   | 8          | N          | NO         |
| 54              | SEX CODE -- Enter M for MALE, F for FEMALE, U for UNKNOWN   | 1          | A          | NO         |
| 55-103          | THIS FIELD IS IGNORED BY SSA  | 49         | NA         | NO         |
| 104-123         | FILLER (DO NOT ENTER ANY DATA)  | 20         |            | NO         |

|         |   |   |     |     |
|---------|---|---|-----|-----|
| 124-127 | REQUESTER IDENTIFICATION CODE (RID) – your unique Requester Identification Code assigned to you by SSA during registration. This field must be in upper case. | 4 | A/N | YES |
| 128-130 | MULTIPLE REQUEST INDICATOR – must enter '000' (no quotes)   | 3 | N   | YES |

\* If a “must fill” field does not contain an entry, the item is automatically a non-verified record.

Note: Records cannot be processed if:

- o The RID is in the wrong location or not all capital letters.
- o The TPV is in the wrong location or not all capital letters.

### OUTPUT FILE FORMAT FOR FILE THAT SSA PROVIDES TO USER

| RECORD LOCATION | FIELD DESCRIPTION  | FIELD SIZE | FIELD TYPE |
|-----------------|--|------------|------------|
| 1-9             | SOCIAL SECURITY NUMBER   | 9          | N          |
| 10-22           | LAST NAME  | 13         | A          |
| 23-32           | FIRST NAME   | 10         | A          |
| 33-39           | MIDDLE NAME/INITIAL_   | 7          | A          |
| 40-47           | DATE OF BIRTH(MMDDCCYY)  | 8          | N          |
| 48              | SEX CODE (M=MALE, F=FEMALE, U=UNKNOWN)   | 1          | A          |
| 49-97           | CONTROL INFORMATION -- This field is ignore by SSA   | 49         | A/N        |
| 98              | VERIFICATION CODE<br>Blank = Input SSN verified on name, and, if provided, date of birth and/or sex code<br>N = Input SSN record did not match the data on SSA's records | 1          | A/N        |
| 99-101          | PROCESSING CODE '213' RETURNED IN THIS FIELD   | 3          | N          |
| 102-105         | REQUESTER IDENTIFICATION CODE  | 4          | A/N        |
| 106-108         | MULTIPLE REQUEST INDICATOR   | 3          | N          |
| 109-160         | FILLER   | 53         |            |

## 6.0 *Web Service Development Process*

A CBSV Systems Development Guidelines document will be provided to allow CBSV requesters to better define their development requirements. The following items are examples of what will be contained in the Systems Development Guidelines.

- Web Service Description Language (WSDL)
- PIN PWD and Role maintenance
- Security Requirements (authentication, encryption)
- File layouts
- File naming conventions

Upon completion of the prerequisites listed in Section 2.0, the following general steps will be performed to initiate the Web Service development process and initiate a new Web Service connection:

- Development Kick-Off Meeting will be held to identify key contacts, discuss development strategies, set up development meetings and agree to milestone dates.
- Development guidelines will be supplied to ensure appropriate security measures are in place to meet CBSV Agreement and NIST security requirements.
- Assistance will be given to support processing of PIN/PWD request and role identification to support company connection.
- Development, test and integration processes will ensue prior to production release.

NOTE: THE ABOVE ARE EXAMPLES. IF A REQUESTER CHOOSES TO BUILD AND USE A WEB SERVICE APPLICATION, THIS SECTION OF THE USER GUIDE WILL BE TAILORED FOR THAT REQUESTER.

## 7.0 *Instructions for Numbers That Do Not Verify*

### **WHAT TO DO IF THE SOCIAL SECURITY NUMBER IS NOT VERIFIED**

Each Social Security Number (SSN) sent on your input file will be returned to you with a Verification Code. If the Verification Code equals BLANK, the record agrees with the Social Security Administration's data file. Please annotate your records that this SSN has been verified.

**IF THE SOCIAL SECURITY ADMINISTRATION'S RECORDS ARE WRONG, ONLY THE NUMBERHOLDER CAN REQUEST THAT THE RECORD BE CORRECTED.**

If the Verification Code does not equal BLANK, we suggest that you may wish to do the following:

Ask to see the individual's Social Security Card to assure that the SSN and name were correctly shown on your input file.

If an error was made on your input file, correct your records and resubmit only the corrected SSN and related data to SSA in a subsequent input file. Do not resubmit data that has already been correctly processed.

If the SSN card and your input file match, ask the individual to go to the nearest Social Security Field Office to determine the nature of the problem.

**Social Security Administration  
Authorization for the Social Security Administration (SSA)  
To Release  
Social Security Number (SSN) Verification**

Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

I am conducting the following business transaction

\_\_\_\_\_  
[Identify a specific purpose. Example—seeking a mortgage from the Company-  
“identity verification” or “identity proof or confirmation” is not acceptable.].

with the following company (“the Company”):

| Company Name | Address |
|--------------|---------|
| _____        |         |

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company’s Agent, if applicable, for the purpose I identified.

The name and address of the Company’s Agent is:

\_\_\_\_\_

I am the individual to whom the Social Security number was issued or that person’s legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above.**

Contact information of individual signing authorization:

Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

Paperwork Reduction Act Statement - **This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. 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 complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send to this address only comments relating to our time estimate, not the completed form.**

.....**TEAR OFF** .....

**NOTICE TO NUMBER HOLDER**

**The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA’s verification of your SSN. To view a copy of the entire model agreement, visit [www.ssa.gov/bso/cbsvInstructions.html](http://www.ssa.gov/bso/cbsvInstructions.html)**