

**Pre-Approval Form For Consent Based  
Social Security Number Verification (CBSV)**

**COMPANY REGISTRATION**

1. Name of the Company: \_\_\_\_\_

2. Company Address (P.O. Box alone is not acceptable)

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. EIN (Employer Identification Number):  
(Provide primary EIN if your company uses more than one.)

4. Designated email mailbox for receipt of technical bulletins from SSA:

Please note, the SSA will only send technical bulletins to one email address per company. You may provide this information later if you do not have one now.

**EMPLOYEE(S) AUTHORIZED TO USE CBSV**

List the names of all employees unless your company will access CBSV solely through a web service platform.  
**Note: If your company will access CBSV solely through a web service platform, please provide corresponding information of the Responsible Company Official as the employee authorized to use CBSV.**

5. Name of Employee(s) Authorized to use CBSV: \_\_\_\_\_

6. Telephone Number of Employee(s) Authorized to use CBSV (include area code): \_\_\_\_\_

7. E-mail Address of Employee(s) Authorized to use CBSV: \_\_\_\_\_

**AUTHORIZED SIGNATURE OF RESPONSIBLE COMPANY OFFICIAL**

8. \_\_\_\_\_

Name of Responsible Company Official (print or type)

Title

Signature of Responsible Company Official

Date

Telephone Number (include area code): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

See SSA's CBSV User Guide for information regarding the extent and nature of employee's authority to use CBSV. Notify us if your authorized employee leaves your company or if you choose to revoke any or all of your employee's authorization to use SSA's Business Services Online (BSO).

**Privacy Act Statement**  
**Collection and Use of Personal Information**

See Revised Privacy Act Note  
and PRA Statement Attached

~~Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from providing consent-based Social Security number verifications (CBSV) to your company. We will use the information to register your company and authorized employees for CBSV use. In addition, we may use the information for purposes authorized by law including to ensure the appropriate use of CBSV.~~

**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.**~~

***SSA will insert the following revised Privacy Act Notice and PRA Statement into the form as soon as possible:***

**Privacy Act Notice  
Collection and Use of Personal Information**

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from providing Consent Based Social Security Number Verification (CBSV) services to your company. We will use the information to register your company and authorized employees for CBSV access. Additional information, and a full listing of all of our System of Records Notices, is available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

**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 (OMB) control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***