


APPOINTED REPRESENTATIVE REGISTRATION via INTRANET

CSA Home – user search

Multiple users found

| User ID | Affiliate | Affiliate ID | Service (s) |
|--------------------------|-----------|--------------|---|
| 2284PENZ | EIN | 303422950 | [BSO] VIEW WAGE REPORT NAME/SSN ERRORS (Active) [BSO] SSNVS (Active) [BSO] WAGE REPORTING (Active) |
| 22CHQY85 | EIN | 040560041 | [BSO] VIEW WAGE REPORT NAME/SSN ERRORS (Active) [BSO] SSNVS (Active) [BSO] WAGE REPORTING (Active) |
| 232YQ644 | EIN | 040290141 | [BSO] VIEW WAGE REPORT NAME/SSN ERRORS (Active) [BSO] SSNVS (Active) [BSO] WAGE REPORTING (Active) |
| 23D4279F | EIN | 530090862 | [BSO] WAGE REPORTING (Active) |
| 24D728FH | EIN | 020060041 | [BSO] VIEW WAGE REPORT NAME/SSN ERRORS (Active) [BSO] SSNVS (Active) [BSO] WAGE REPORTING (Active) |
| 24F26GFF | EIN | 349980000 | [BSO] VIEW WAGE REPORT NAME/SSN ERRORS (Active) [BSO] SSNVS (Active) [BSO] WAGE REPORTING (Active) [BSO] SSNVS (Deactivated) |
| 24Q695Y5 | EIN | 359990000 | [BSO] VIEW WAGE REPORT NAME/SSN ERRORS (Active) [BSO] SSNVS (Active) [BSO] WAGE REPORTING (Active) |
| 257CDD06 | EIN | 218980141 | [BSO] VIEW WAGE REPORT NAME/SSN ERRORS (Active) |

One user found or selecting a user id link above



Integrated Registration Services **Customer Support Application**

Name: JOHN PUBLIC SSN: 999011234 User ID: 9K8278TG DOB: 01/01/1979 EIN: 020000000

[Help](#) CS003

[CSA Home](#)

User Information

- [Service Status](#)
- [Select Suite](#)
- [Add/Update Employer Information](#)
- [Report of Contact](#)
- [User History](#)
- [Block](#)
- [Unblock](#)
- [Exclusive Special Services](#)

IRESCSA

User Information for JOHN PUBLIC

User ID Status: ACTIVE
User ID Issue Date: 04/02/2009
Password Issue Date: 04/02/2009
Password Expiration Date: 07/01/2009

Confirm / update information below with user :

*** indicates mandatory 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: Zip Extension:


* Country:

* Phone: Ext:

Fax:

* Email:

Add new user - phone registration



Integrated Registration Services **Customer Support Application**
SSN: 999011234

[CSA Home](#) IRESCSA [Help](#) CS004

New User Information

► New User Information

* indicates mandatory 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: Zip Extension:

* 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 in 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"/> |

New user NUMI failed

**Integrated Registration Services** **Customer Support Application**
Name: JOHN PUBLIC SSN: 999041234 DOB: 01/01/1979 [Help](#) CS004

[CSA Home](#) IRESCSA [Help](#) CS004

New User Information

- Numi Failed

* indicates mandatory 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: Zip Extension:

* 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 in our files? | <input checked="" type="radio"/> | <input type="radio"/> |
| Do you understand that you may be subject to civil or criminal penalties if you submit fraudulent information? | <input checked="" type="radio"/> | <input type="radio"/> |
| Do you understand that you are responsible for all actions taken using your User ID? | <input checked="" type="radio"/> | <input type="radio"/> |

Add employer information

 Integrated Registration Services **Customer Support Application**

Name: JOHN PUBLIC SSN: 000000000 User ID: 9K3278TG DOB: 01/01/1979 [Help](#) CS006

[CSA Home](#)
[User Information](#)
▶ Add/Update Employer Information
[Add Services](#)
[Report of Contact](#)

Employer Information

Select one of the following. Requestor is:

- An employee of a company that has an EIN.
- A Household Employer and has an EIN.
- Self-Employed and has an EIN.
- Self-Employed and DOES NOT have an EIN.
- Working and residing outside the U.S. and has an EIN, but does not have an SSN.
- A Volunteer for a Company/Organization that has an EIN.
- Internet Representative Payee (IRPA) Individual User.

Enter the following about the employer.

*** indicates mandatory field.**

EIN:

*** Company/Organization Name or Business Name:**

*** Do you understand that you and/or your company may be banned from use of Online Services if the SSA determines or even suspects there has been misuse of the services?**

Yes No

Select Suite

The screenshot shows the 'Select Suite' page. The header includes the Maryland State Seal, 'Integrated Registration Services', and 'Customer Support Application'. User information is displayed: Name: JOHN PUBLIC, SSN: 999011234, User ID: 9K8278TG, DOB: 01/01/1979, EIN: 020000000. A 'Help CS024' link is in the top right. The left sidebar contains links for 'CSA Home', 'User Information', 'Select Suite' (highlighted), 'Report of Contact', and 'Service Status'. The main content area is titled 'Select Suite' and features a radio button for 'Appointed Representative Suite'. Below this, a text instruction reads: 'Register individual as an Appointed Representative. Service requests must be completed by the individual through the online Appointed Representative Suite.' A 'Next' button is centered at the bottom of the main content area.

In person proofing - record information

The screenshot shows the 'Record ID Information' page. The header is identical to the previous page. The left sidebar highlights 'Record ID Information'. The main content area is titled 'Record ID Information' and includes a note: '* indicates mandatory field.' Below this, three fields are shown: 'Type of ID' with a dropdown menu set to 'U.S. Driver's License', 'Complete ID #' with a text input field containing 'MD12345', and 'State' with a dropdown menu set to 'MD'. A 'Continue' button is centered at the bottom of the main content area.

Print activation code for efolder

Integrated Registration Services Customer Support Application
Name: JOHN PUBLIC SSN: 999011234 User ID: YK2YXSSX DOB: 05/03/1970 EIN: 020000000 [Help CS036](#)

CSA Home
User Information
▶ Print Activation Code for eFolder

IRESCSA

Print Activation Code for eFolder

Access Claimant's Electronic Folder role has been added successfully.
Select the **Print Activation Code** button to print the Access Claimant's Electronic Folder activation code.

View activation code for efolder

Integrated Registration Services Customer Support Application
Name: JOHN PUBLIC SSN: 999011234 User ID: YK2YXSSX DOB: 05/03/1970 EIN: 020000000 [Help CS036](#)

CSA Home
User Information
▶ View Activation Code for eFolder

IRESCSA

View Activation Code for eFolder

The Electronic Folder Activation Code is **JBP9D2QB**.
Select the **Print Activation Code** button to print the Access Claimant's Electronic Folder activation code.

Paperwork Reduction Act Statement

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 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. You may send comments on our estimate of the time needed to complete the form to:

SSA, 6401 Security Blvd, Baltimore, MD 21235-0001.

See revised Privacy Act
Statement Attached

Privacy Act Statement

Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, authorize us to collect this information to allow you access to our online applications. We will use the information you provide to verify your identity and to register you, your company, or authorized employee(s) to use our Business Services Online (BSO) suite of services. The Privacy Act (5 U.S.C. § 552a(b)) permits us to disclose the information you provide in accordance with approved routine uses. Providing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from offering you access to our BSO suite of services. Additional information regarding your use our online applications, routine uses of information, programs, and systems are available on our Internet website, www.socialsecurity.gov, or at your local Social Security office.

SSA will insert the following revised Privacy Act Statement into the form as soon as possible:

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

Sections 205 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 offering you access to our telephone and online services.

We will use the information you provide us to verify your identity and register you, your company, or authorized employee(s) to use our telephone or online services. We may also share this information for the following purposes, called routine uses:

1. To contractors and other Federal agencies, as necessary, to assist us in efficiently administering our programs;

2. To Federal, State, and local entities to assist them with administering income maintenance and health maintenance programs, when a Federal statute authorizes them to use the SSN;

3. To a congressional office in response to a request from that office made at the request of the subject of the record or a third party acting on the subject's behalf; and

4. To appropriate Federal, State, and local agencies, entities, and persons when: (a) We suspect or confirm a compromise of security or confidentiality of information; (b) We determine that as a result of the suspected or confirmed compromise there is a risk of harm to economic or property interests, risk of identity theft or fraud, or harm to the security or integrity of this system or other systems or programs that rely upon the compromised information; and (c) We determine that disclosing the information to such agencies, entities, and persons will assist us in our efforts to respond to the suspected or confirmed compromise and prevent, minimize, or remedy such harm.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0058, entitled [Master Files of Social Security Number \(SSN\) Holders and SSN Applications](#), as published in the Federal Register (FR) on December 29, 2010, at 75 FR 82121, and 60-0373, entitled [Repository of Electronic Authentication Data Master File](#), as published in the FR on December 17, 2010, at 75 FR 79065. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.