

# APPOINTED REPRESENTATIVE REGISTRATION via INTRANET

## CSA Home – user search

Integrated Registration Services **Customer Support Application**

IRESCSA [Help](#) CS001

**CSA Home**

Enter any one of the items below to search for an employer or user.

**Search for Employer**

EIN:

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**Search for User**

SSN:

or User ID:

or Rep ID:

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**Add Foreign User**

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

## Multiple users found

Integrated Registration Services **Customer Support Application**


Name: JOHN PUBLIC SSN: 999011234 User ID: 9K8278TG DOB: 01/01/1979 [Help](#) CS002

**Multiple User IDs Found**

Select a User ID to view related information or add a new User ID.

User ID	Affiliate	Affiliate ID	Service (s)
<a href="#">2284PBNZ</a>	EIN	303422950	[BSO] VIEW WAGE REPORT NAME/SSN ERRORS (Active) [BSO] SSNVS (Active) [BSO] WAGE REPORTING (Active)
<a href="#">22CHQY85</a>	EIN	040560041	[BSO] VIEW WAGE REPORT NAME/SSN ERRORS (Active) [BSO] SSNVS (Active) [BSO] WAGE REPORTING (Active)
<a href="#">232YQ644</a>	EIN	040290141	[BSO] VIEW WAGE REPORT NAME/SSN ERRORS (Active) [BSO] SSNVS (Active) [BSO] WAGE REPORTING (Active)
<a href="#">23D4279F</a>	EIN	530090862	[BSO] WAGE REPORTING (Active)
<a href="#">24D728FH</a>	EIN	020060041	[BSO] VIEW WAGE REPORT NAME/SSN ERRORS (Active) [BSO] SSNVS (Active) [BSO] WAGE REPORTING (Active)
<a href="#">24F26GFF</a>	EIN	349980000	[BSO] VIEW WAGE REPORT NAME/SSN ERRORS (Active) [BSO] SSNVS (Active) [BSO] WAGE REPORTING (Active) [BSO] SSNVS (Deactivated)
<a href="#">24Q695Y5</a>	EIN	359990000	[BSO] VIEW WAGE REPORT NAME/SSN ERRORS (Active) [BSO] SSNVS (Active) [BSO] WAGE REPORTING (Active)
<a href="#">257CDD6</a>	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](#)

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### 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[Help](#) CS004

CSA HomeIRESCSA

▶ 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

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

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**New User Information**

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- 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: 9K2278TG    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: 9K2Z78TG, 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 legend: '\* 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

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**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

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

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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.



## **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](http://www.socialsecurity.gov), or at your local Social Security office.