

# EAZE Registration Screens (React)

### Entity Information

Please provide the information below. All information is required unless noted as optional. Upon submission, SSA will attempt to register your entity.

Please ensure that you have completed the [entity registration technical requirements](#) prior to registration.

\* Indicates required information

**\*Company Name**

  
**DBA (Optional)**

**Add Another**

#### Headquarters Address

\*Address Line 1  Address Line 2

\*City  \*State  \*Postal Code

**\*Domain Name**

The Domain Name will be matched against a user's email address domain for OIDC Authorization redirects. For instance: entityname.com

**\*Open ID Connect (OIDC) Issuer URL**

The Issuer URL must match or be a subdomain of the Domain Name.

**Dynamic Client Registration Authorization Header Credentials (Optional)**

Optional header to be included in the dynamic client registration request made to the Entity OIDC Provider. For instance: Bearer eyJhbGciOiJSUzI1NiJ9.eyJ...

Characters remaining: 1000

**\*Entity Email**

This email address will be used to receive entity registration communication. The email domain must match the Domain Name. For instance: xyz@entityname.com

**\*EIN**

**Nationwide Multistate Licensing System (NMLS) number (Optional)**

**UEI (Optional)**

**DUNS (Optional)**

### Entity Information Edit

Entity Name: test  
DBA:  
Headquarters Address: 12  
main  
baltimore, MD 21244  
Domain Name: example.com  
Open ID Connect (OIDC) Issuer URL: https://oidc.example.com  
Dynamic Client  
Registration Authorization  
Header Credentials:  
Entity Email: user@example.com  
EIN: 123456789  
NMLS:  
DUNS:  
UEI:

### EIN Consent

Under 26 U.S.C. § 6103(c), I give my permission and consent for the Social Security Administration (SSA) to access the Employer Identification Number (EIN) maintained in SSA records for purposes of verifying the EIN provided to register for SSA's Consent Based Social Security Number Verification (CBSV) services, including eCBSV, and for regular verifications of the EIN, which may occur throughout a two (2) year period from the date of my signature.

I certify that I am a current officer of a corporation, association, or other entity with the authority under state law to execute this consent with respect to the disclosure of the EIN identified above or that I am a current shareholder of an S corporation, or a current member or partner of a partnership to whom the EIN relates. I recognize that this consent is valid for two (2) years from the date of signature unless revoked.

By checking this box and by typing my name below, I am electronically signing this consent.

**\*Name**

**\*Job Title**

Signed Date: 8/29/2022