

**NON- SUBSTANTIVE CHANGE REQUEST FOR THE REQUEST TO BE SELECTED  
AS PAYEE  
OMB CONTROL NO. 1240-0010 (January 2026)**

DCMWC is requesting a non-substantive change to the approved collection of information contained in the “Request to be Selected as Payee”.

The current CM-910 form has a designated box for the Representative Payee applicants to provide their SSN. Roughly 60% of the applicants list the claimant's or miner's SSN instead of the applicants. A recent program data analysis revealed that we continue to have issues trying to capture the correct information. DCMWC is adding check boxes to help the applicant answer the questions easier as well as a new format control to identify which type of number is being provided (SSN or EIN). Additionally, we added the word “Your” before the Signature and the Telephone number to assist the responder.

Please see below the changes:

**Old Form: Signature of Applicant**

<b>This section must be completed by the applicant (as opposed to the claimant) requesting to be selected as payee</b>		
Signature (First name, middle initial, last name) (Write in ink)	Telephone Number	Date (Month, Day, Year)
Mailing Address (Include your ZIP code)	Social Security Number or Employer Identification Number	
	County	

**New Form language:**

<b>This section must be completed by the applicant (as opposed to the claimant) requesting to be selected as payee</b>		
<b>Your signature</b> (First name, middle initial, last name) (Write in ink)	<b>Your Telephone</b> Number	Date (Month, Day, Year)
Mailing Address (Include your ZIP code)	List your Tax Identification Number	
	Social Security Number	
County	OR	
	Employer Identification Number	

**Other changes:**

S #	Question/Form Area/Controls	Change Implemented
1	Question 4b	Options ___ replaced with Checkbox Spacing adjusted to increase space to enter Bank Name
2	Question 5	Option  ___  replaced with Checkbox
3	Question 5a	Option  ___  replaced with Checkbox
4	Public Burden Statement Area	Adjust spacing to improve readability

	on Page 1	
5	Question 6	Option  __  replaced with Checkbox
6	Question 7	Option  __  replaced with Checkbox
7	Question 8	Option  __  replaced with Checkbox
8	Question 9	Option  __  replaced with Checkbox
9	Question 10	Option  __  replaced with Checkbox
10	Question 11	Option  __  replaced with Checkbox
11	Question 12	Option  __  replaced with Checkbox
12	Witnesses are required ONLY on Page 2	The statement now occupies the full length of the page

It is the Program (DCMWC) discretion, to update the instructions on form to obtain the applicants' SSN number or EIN number, in order to aid our course of business.

This change request does not affect the burden hours. The burden hours remain the same.

The revised form is attached to this change request.