Representative Registration

Purpose of Form

Complete this form to register as a representative or to update a prior registration. You must register before we can process:

- your appointment as a representative submitted on a Form SSA-1696; or
- your designation as an entity Point of Contact (POC) on a Form SSA-1694.

This form also collects information necessary to conform to Internal Revenue Code sections 6041 and 6045(f), which require us to issue IRS Form 1099-MISC to individuals who represent claimants and receive direct payment of $600 or more during a tax year.

General Information and Instructions

- Complete this form and fax it to the Office of Central Operations at 1-877-268-3827**. Do not fax registration forms for more than one individual at the same time. While you may attach multiple copies of Section V of this form (see instructions below), do not attach other documents to this form. We cannot process any other documents received at this fax number.**

- You will receive a notice containing your Representative Identification (Rep ID) once your initial registration is complete. You will receive a Rep ID even if you are registering only to serve as a POC. Allow 2 to 3 weeks to receive your notice.

- If you are currently suspended or disqualified from representing claimants in dealings with the Social Security Administration, you may not register until your suspension has ended or we have reinstated you.

- You must update your registration by completing a new form if your personal, professional, or business affiliation information changes including information related to disbarments, suspensions, or sanctions.

- If we are unable to process the form you submit, we will notify you. We do not return incomplete or inaccurate forms. If forms are incomplete or inaccurate, you will have to submit a new form with complete and accurate information.

For more information, please call 1-800-772-6270 or visit our website at www.ssa.gov/ar. If you are hearing impaired, call our TTY number at 1-800-325-0778. You may also visit your local Social Security office.

Explanation of Terms for Completing This Form

- **Representative -** An attorney or individual other than an attorney who meets all of our requirements and is appointed to represent claimants in dealings with us. For purposes of our Rules of conduct and standards of responsibility for representatives in 20 CFR 404.1740-404.1799 and 416.1540-416.1599, *Representative* also includes an individual who provides representational services and an individual who is listed as a POC for an entity, as applicable to their identified role.

- **Representative Identification** (**Rep ID) -** Unique 10-character ID that we assign. You need a Rep ID to serve as an appointed representative or as an entity POC. You obtain a unique Rep ID by registering through this form. You will use this Rep ID in lieu of your Social Security Number (SSN) if you need to update information on this form. or to register or update information about an entity on the Form SSA-1694.

Privacy Act Statement

Collection and Use of Personal Information

Sections 206(a) and 1631(d) of the Social Security Act, as amended, allow us to collect your information, which we will use to facilitate direct payment of authorized fees and to meet the reporting requirements of the law. Providing the information is voluntary, but not providing all or part of the information will prevent you from serving as an appointed representative or entity POC. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notices (SORN) 60-0003 and 60-0325, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

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 20 minutes to read the instructions, gather the facts, and answer the questions. You may send **comments on our time estimate,** not the completed form, to SSA, 6401 Security Boulevard, Baltimore, MD, 21235-6401.

REPRESENTATIVE REGISTRATION

Section I: Your Personal Identification and Home Contact Information (required for all registrants)

Do not enter a business address here. If you choose to enter a separate business address, it should be entered in Section IV below. You may, however, also use this address as your business address by checking the appropriate box in Section IV.

Enter your name in the boxes below exactly as it appears on your Social Security card. If you want to use a different name, contact your local Social Security office to change the name currently in our records. You must either receive a new card or receive confirmation that we processed your name change prior to completing this form.

If you already registered but need to update your information, enter your Rep ID below:

1234567890

Your First Name: Harriet

Your Middle Name: Marie

Your Last Name: Jones

Your Suffix (if any):

Your Date of Birth (MM/DD/YYYY): 01011981

Your Social Security Number: 999999999

Your Home Mailing Address

Street Line 1: 1234 Another Street

Street Line 2:

City: SomeTown

State: XX

ZIP/Postal Code: 12345

Country (if outside the U.S.):

Your Daytime Phone Number

Country/Area Code	Phone Number	Extension
123	456-7890	

Your Home Fax Number (optional)

Country/Area Code	Fax Number

Your Email Address (Optional - Used for registration purposes and Social Security online service messages.)

HMJ@sampleemail.com

Section II: Your Representational Standing

Check one of the boxes below.

Are you currently in good standing and admitted to practice law before the U.S. Supreme Court; a U.S. Federal, state, territorial, insular possession, or District of Columbia court; or a member of a state bar if that membership carries with it the authority to practice law in that state? **If you are not an attorney, please select "No".**

☐ Yes (Go To Section III) ☒ No (Go To Section IV)

Section III: Your Bar and Court Information (required if you answered "Yes" in Section II)

Provide information for one state, U.S. territory, or U.S. Federal Court in which you **currently** are in good standing and have the right to practice law.

Court Or Bar	Year Admitted (YYYY)	Court Or Bar License Number (if one issued)

Section IV: Your Information as a Representative (required for all registrants)

1. Your Home Address For Receipt Of Notices

☐ Same as Home Address in Section I

Street Line 1 123 Some Town Street

Street Line 2

City Some Town **State** YY

ZIP/Postal Code 12345

Country (if outside the U.S.)

2. Business Telephone Number (if different from that provided in Section I.)

333 333-3333

Country/Area Code Phone Number Extension

Business Fax Number (optional)

Country/Area Code Fax Number

3. Business Email Address (Optional)

hjones@sampleemail.com

4. Did you check "Yes" in Section II OR have you been notified by us that you are eligible for direct payment of your fees?

☐ Yes

☒ No (Go to Section VI)

If you are eligible for and will seek direct payment of an authorized fee as an appointed representative, complete #5 and #6. If not, go to Section VI.

5. What is your preferred payment method?

☐ **Direct Deposit** to U.S. Bank - I am the owner or co-owner of this account. (You must be the owner or co-owner)

Type of Financial Account ☐ Checking ☐ Savings

Routing Number Account Number

OR

☐ **Check**- Will be mailed to the Notice Address

6. Your Tax Address (This is the address where we will send your FORM 1099-MISC

☐ Same as Home Address

☐ Same as Notice Address in 1 in this section

Street Line 1

Street Line 2

City **State**

ZIP/Postal Code

Country (if outside the U.S.)

SECTION V: Your Information When You Are Working for a Firm or Organization (required if affiliating with an entity)

Complete this section if your work as a representative will be affiliated with a firm or organization, and you are eligible for and will seek direct payment of an authorized fee. If you work for more than one firm or organization, complete and attach as many copies of this section as needed. You will need the firm's or organization's EIN in order to complete this section.

Complete 1 through 5 below.

1. Employer Identification Number (EIN)
(See your W-2 or contact the firm or organization to get this number.)

Name of Firm or Organization:

2. Your Address for Receipt of Notices

☐ Same as Home Address in Section I

☐ Same as Notice Address in Section IV

Street Line 1

Street Line 2

City **State**

ZIP/Postal Code

Country
(if outside the U.S.)

3. Business Telephone Number (if different from that provided in Section I.)

☐ Same as home number in Section I

☐ Same as business Address in Section IV

Country/Area Code Phone Number Extension

Business Fax Number (optional)

Country/Area Code Fax Number

4. Business Email Address (Optional)

5. What is your preferred payment method?

☐ **Direct Deposit** to U.S. Bank - I am the owner or co-owner of this account. (You must be the owner or co-owner)

☐ Same bank information as provided in Section IV

OR

☐ Direct Deposit to the account shown below. I am the owner or co-owner of this account. (You must be the owner or co-owner of the account.

Type of Financial Account ☐ Checking ☐ Savings

Routing Number Account Number

OR

☐ **Check**- Will be mailed to the Notice Address

Section VI: Attestations and Questions for Representation (required for all registrants)

You **MUST ATTEST** to these statements and complete the following questions.

1. **I understand and will comply with** SSA laws and rules relating to the representation of parties, including the Rules of Conduct and Standards of Responsibility for Representatives.

I will not charge, collect, or retain a fee for representational services that SSA has not approved or that is more than SSA approved, unless a regulatory exclusion applies.

I will not threaten, coerce, intimidate, deceive, or knowingly mislead a claimant or prospective claimant, or beneficiary, regarding benefits or other rights under the Social Security Act.

I will not knowingly make or present, or participate in making or presenting, false or misleading oral or written statements, assertions, or representations about a material fact or law concerning a matter within SSA's jurisdiction.

I am aware that if I fail to comply with any SSA laws and rules relating to representation, I may be suspended or disqualified from practicing as a representative before SSA and found ineligible to serve as an entity's POC.

☒ **I attest to all of the above.**

2. Have you ever been:

a. Suspended or prohibited from practice before SSA or any other federal program or agency?	☐ Yes (Explain below) ☒ No
b. Disbarred or suspended from a court or bar to which you were previously admitted to practice as an attorney?	☐ Yes (Explain below) ☒ No
c. Convicted of a violation under Section 206 or 1631(d) of the Social Security Act?	☐ Yes (Explain below) ☒ No
d. Disqualified from epresenting a claimant as a current or former officer or employee of the United States?	☐ Yes (Explain below) ☒ No

3. For each Yes answer in 2, provide the information below regarding that event (attach copies of this page if you need more space.)

Federal Program or Agency; or Court or Bar Name:

Bar Number (provide the Bar Number if you have one AND you answered "Yes: to 2b):

Year Admitted (provide the year if you answered "Yes" to 2b):

Beginning Date of:

Ending Date: (if ended)

Brief Description of Circumstances:

Section VII: General Attestations (required for all registrants)

I will not divulge any information that SSA has furnished or disclosed about a claim or prospective claim, unless I have the claimant's consent or there is a Federal law or regulation authorizing me to divulge this information.

I have in place reasonable administrative, technical, and physical security safeguards to protect the confidentiality of all personal information I receive from SSA, to avoid its loss, theft, or inadvertent disclosure.

I will not omit or otherwise withhold disclosure of information to SSA that is material to the benefit entitlement or eligibility of claimants or beneficiaries, nor will I cause someone else to do so, if I know or should know, that this would be false or misleading.

I will not use Social Security program words, letters, symbols, branding, or emblems in my advertising or other communications, in a way that conveys the false impression that SSA has approved, endorsed, or authorized me, my communications, or my organization, or that I have some connection with or authorization from SSA.

I will update this registration if my personal, professional or business affiliation information changes, including information related to disbarments, suspensions or sanctions.

I am aware that if I fail to comply with SSA laws and rules, I could be criminally punished by a fine or imprisonment or both, and I could be subject to civil monetary penalties.

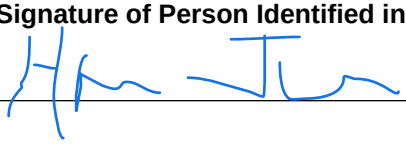
I understand that SSA will validate the information I provide.

☒ **I attest to all of the above.**

Perjury Statement (required for all registrants)

I agree that a copy of this signed Form SSA-1699 will have the same force and effect as the original.

I declare under penalty of perjury that I have examined all of the information on this application and it is true and correct to the best of my knowledge.

Signature of Person Identified in Section 1 (You must sign your OWN name)	**Date:**
	**09/30/2024**