CBSV Enrollment Application

PLEASE TYPE IN THE NECESSARY INFORMATION

DATE:

1. Company Identifying Information:

Company Name: EIN:

DBA (Doing Business As) Name: Telephone:

Mailing Address:

City: State: Zip:

Company Email:

2. Company Official:

Responsible Company Official: Telephone(s):

Contact Person(s):

Email Addresses:

3. Reason (s) for Using CBSV: (select all that apply (x))

☐ Mortgage Service ☐ Banking Service ☐ Credit Check ☐ Background Check

☐ Licensing Requirement ☐ Other (Specify):

4. CBSV Usage Information:

Estimated Annual Volume of Requests:

Date Enrollment Fee Submitted:

Payment Method:: All payments are processed via Pay.gov. For Pay.Gov payments, SSA will send you an email containing a link to Pay.Gov for payments and an email with a confirmation link. Please contact ssa.csbsv@ssa.gov to request a Pay.Gov invoice.

Note: SSA will not refund the $5,000 enrollment fee. Your submission of the CBSV application form, along with the enrollment fee, constitutes your acknowledgement and agreement that the enrollment fee is nonrefundable.

5. Email your completed application to ssa.cbsv@ssa.gov.