

---

# 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: ☐ Check or ☐ Credit Card

If using a credit card, complete and return the [Credit Card Payment Form](#) along with this completed application.

**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. Enclose your check made out to the Social Security Administration in the amount of \$5,000, or a completed Credit Card Payment Form, and mail it, along with this completed application, to:

Social Security Administration  
ATTN: CBSV  
6401 Security Boulevard  
P.O. Box 17042  
Baltimore, MD 21235

---

## 6. Email your completed application to [ssa.cbsv@ssa.gov](mailto:ssa.cbsv@ssa.gov).