



**SOCIAL SECURITY BOARD**

## Application for Authorized Representative to access Employer Services

I \_\_\_\_\_ hereby request that access to Social Security Board's Employer Services  
(Name of Owner)  
be given to the authorized representative below.

Authorized Representative Name: \_\_\_\_\_

Authorized Representative Email Address: \_\_\_\_\_

Authorized Representative SS Number (if available): \_\_\_\_\_  
(Enter all 9 digits)

### **Please provide your Employer information below:**

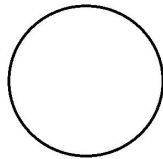
Employer/Business Name (as registered with SSB): \_\_\_\_\_  
(Print Name)

Employer/Business Registration #: \_\_\_\_\_

Employer Telephone #: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Employer Stamp:  
(If available)



Dated: \_\_\_\_\_

DD/MMM/YYYY

*Note: Failure to provide accurate and complete information will result in delay of your account being linked.*

**UPLOAD APPLICATION ALONG WITH LINK/PORTAL REQUEST.**