

COUNSELING SERVICE AGENT REGISTRATION FORM

Please complete and return this *Counseling Service Agent Registration Form*, DE 974A, with the list of your current clients to represent them in **benefit** or **benefit and tax matters** with the Employment Development Department (EDD). **Note: Your registration request cannot be processed without this information.**

1. Counseling Service Agent Company Information:

Business Name: _____

Address: _____

2. Counseling Service Agent Contact Information:

Representative Name (*Primary*): _____

Phone Number: _____

Fax Number: _____

Representative Name (*Secondary*): _____

Phone Number: _____

Fax Number: _____

3. Total number of clients to date: _____

4. Would you like information about Electronic Data Interchange (EDI)? **Yes** **No**

5. Would you like information about the EDD's e-Services for Business to receive the *Statement of Charges to Reserve Account*, DE 428T, electronically? **Yes** **No**

Mail this **completed registration form, client listing, and Power of Attorneys** to:

Attention: Agent Desk
Employment Development Department
Account Services Group, MIC 13
PO Box 826880
Sacramento, CA 94280-0001
Fax: 916-654-9211

For additional information, contact the Agent Desk at 916-654-7263

INTERNAL USE ONLY: CS AGENT CODE NO.: _____