

Exhibit A - Certification Statement {INSERT PERMITTED ENTITY's NAME}

**CERTIFICATION STATEMENT FOR
PERMITTED ENTITIES USING THE SSN VERIFICATION PROCESS**
(Signature required biennially)

Name and address of Permitted Entity:

The following certification must be completed prior to SSA authorizing use of the eCBSV system.

I, _____ on behalf of the company listed above, certify that this entity attests to each of the following four (4) declarations:

1. The entity is a Permitted Entity.
2. The entity is in compliance with the Banking Bill.
3. The entity is, and will remain, in compliance with its privacy and data security requirements, as described in title V of the Gramm-Leach-Bliley Act (15 U.S.C. § 6801, et seq.), with respect to information the entity receives from the Commissioner pursuant to the Banking Bill.
4. The entity will retain sufficient records to demonstrate its compliance with its certification and the Banking Bill for a period of not less than two (2) years.

The permitted entity will provide this Certification to SSA, and not submit any SSN Verification request to SSA if the Certification is older than two (2) years old or the permitted entity cannot attest to any one of the four (4) declarations.

The signatory, if electronically signing this document, agrees that his/her electronic signature has the same legal validity and effect as his/her handwritten signature on the document, and that it has the same meaning as his/her handwritten signature.

[Please clearly print or type your designated company official's name, title, and phone number and have him/her provide an electronic or wet signature and date below.]

Company Official Name _____
Company Official Title _____
Company Official Phone Number _____
Signature _____ Date _____