Employment Development Department
State of California

COUNSELING SERVICE AGENT REGISTRATION FORM

Please complete and return this *Counseling Service Agent Registration Form* (DE 974A), and submit it with a list of your current clients to represent your clients 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 Client Information:

Total number of clients to date: _____

3. If you would like information about Electronic Data Interchange (EDI), please indicate here: ☐ Yes ☐ No

4. If you would like information about the EDD's e-Services for Business in order to receive the *Statement of Charges to Reserve Account* (DE 428T) electronically, please indicate here: ☐ Yes ☐ No

INTERNAL USE ONLY: COUNSELING SERVICE AGENT CODE NO.: _____

5. Counseling Service Agent Contact Information:

Representative Name:
(or primary contact) _____

Phone Number: _____

Fax Number: _____

Representative Name:
(or secondary contact) _____

Phone Number: _____

Fax Number: _____

Mail completed registration form, <u>client listing</u>, and <u>Power of Attorneys</u> to:

Attention: Counseling Services Desk
Employment Development Department
Account Services Group, MIC13
PO Box 826880
Sacramento, CA 94280-0001