Official Use Only

Form **EFAST-1**

Department of Labor
Pension and Welfare Benefits Administration

Application for EFAST Electronic Signature and Codes for EFAST Transmitters and Software Developers

OMB No. 1210-0117

Please read the instructions before completing this application.

Part I Type of Application

Each applicant must check all appropriate boxes in Part I, complete Parts II and III, and sign the Applicant Agreement.

A This is an application for an EFAST electronic signature. ☐

B This is an application for EFAST codes for the purpose of being an EFAST Transmitter. ☐

C This is an application for EFAST codes for the purpose of being an EFAST Software Developer. ☐

D This application is being submitted to update information for an EFAST Transmitter or an EFAST Software Developer. ☐

Part II Applicant Agreement

If this application results in the issuance of an electronic signature, I understand and agree that the electronic signature is not transferable and that the inclusion of such electronic signature in a Form 5500 return/report or Form 5500-EZ return filed in electronic form shall have the same legal force and effect as my hand written signature. If I am not the Transmitter, I also agree that my electronic signature on a Form 5500 or Form 5500-EZ constitutes consent for EFAST personnel to send my Transmitter an acknowledgment of receipt of transmission and to communicate with my Transmitter about the success or failure of the transmission and the specific reason(s) for any failure(s).

If this is an application to be an EFAST Software Developer or EFAST Transmitter, I declare that I am authorized to make and sign this statement on behalf of the applicant. The applicant agrees that it and its employees will comply with all provisions of the EFAST procedures for the electronic/magnetic/optical media filing of Forms 5500 and 5500-EZ for each year in which the applicant participates. Noncompliance will result in the applicant no longer being allowed to participate as an EFAST Software Developer or Transmitter. The applicant understands that acceptance as an EFAST Software Developer or Transmitter is not transferable. If applying to be an EFAST Transmitter, the applicant further agrees that a copy of all returns/reports that the applicant transmits electronically to the Department of Labor will be provided to the plan administrator, employer or direct filing entity on whose behalf the return/report was transmitted.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this application, and to the best of my knowledge and belief the information provided is true, correct, and complete. I agree that this application can be made public information.

Signature of applicant

▶ _____ Date ▶ MM / DD / YYYY

Name (last, first, and initial) and title of applicant

Name

Title

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Part III EFAST Electronic Signature, Transmitter and Software Developer Applicant Information

A Name (last, first, and initial) of Individual Applying for an EFAST Electronic Signature:

B Name of Company, Trade, Business or Other Person Applying to be an EFAST Transmitter or Software Developer:

C Employer Identification Number (EIN) -

D Mailing address *(Street, P.O. Box)*

City State ZIP Code

E Name of contact person

F Daytime telephone number *(Include area code.)* - -

G FAX telephone number *(Include area code.)* - -

H If you would like to receive EFAST materials by E-mail, please enter your E-mail address below: