

EMPLOYER CERTIFICATE AND CLAIMS HISTORY RELEASE

(For Employers NOT Subject to the A.D.A.)



In accordance with the provisions of Idaho Code § 74-105(10)(c), the undersigned worker hereby authorizes the release of a copy of a computer claims history search of the last five (5) years of their workers' compensation claims from the records of the Idaho Industrial Commission to the employer, prospective employer or employer's agent identified below. The employer, prospective employer or agent, by their signature below, certifies that the employer is NOT subject to the provisions of the Americans with Disabilities Act (A.D.A. – 42 U.S.C. 12112) or other statutory limitations. **The employer also agrees to pay all billable costs incurred in responding to this request under the Public Records Law.**



Worker's Full Name:* _____

Other Names Used: _____

Worker's Address:* _____

Worker's Home Phone #: (____) _____

Worker's Social Security Number:* _____ - _____ - _____

Authorizing Individual Worker's Signature:* _____

Date Signed:* _____

Requester's (Employer's):

Name:* _____

Mailing Address:* _____

Phone #/FAX #/Email*: (____) _____ / (____) _____ / _____

I.C. RESPONSE/NOTE AREA:

Certified By:* _____

Printed Name & Title of Certifying Agent:* _____

Representative's or Agent's Phone #/Email:* (____) _____ / _____

Mailing Address:* _____

STATE OF _____)

County of _____) ss.

SUBSCRIBED AND SWORN TO Before me this _____ day of _____, _____.

NOTARY PUBLIC for _____

Residing at: _____

My Commission Expires: _____

SEND COMPLETED REQUEST TO: IDAHO INDUSTRIAL COMMISSION, ATTN: RECORDS MANAGEMENT, PO BOX 83720, BOISE, ID 83720-0041 FAX: 208-334-2321 EMAIL: RECORDSMANAGEMENT@IIC.IDAHO.GOV

(* = Completion mandatory)