

**EMPLOYER CERTIFICATE AND CLAIMS HISTORY RELEASE**

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



In accordance with the provisions of Idaho Code § 9-340B(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:**\* \_\_\_\_\_

I.C. RESPONSE/NOTE AREA:

**Certified By:**\* \_\_\_\_\_

Printed Name & Title of Certifying Agent:\* \_\_\_\_\_

Representative's or Agent's Phone #/Email:\* (\_\_\_\_) \_\_\_\_\_

Mailing Address:\* \_\_\_\_\_

STATE OF \_\_\_\_\_ )

) ss.

County of \_\_\_\_\_ )

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**

(\* = Completion mandatory)