



## CO Workers' Comp Claim Report

### Instructions to order search

To order a CO Workers' Compensation claim report, please follow these instructions:

1. Order the CO Workers' Comp claim report online through your NCS account.
2. Complete the attached Request Form and the CO Workers' Compensation Authorization form. This must be NOTORIZED.
3. Fax the completed forms to NCS at 800-571-6303.

The results will be uploaded to your online account and an e-mail will be sent to you as soon as the results are available. Results are normally available within 5 business days.

Contact NCS if you have any questions.

Phone: 888-527-3282

FAX: 800-571-6303

E-mail: [support@nationalcrimesearch.com](mailto:support@nationalcrimesearch.com)

Thank you for your business.

Sincerely,

NCS Support



**WORKER'S COMPENSATION REQUEST FORM**

Company & Person Requesting: **National Crime Search, Inc.**  
Travis Fink  
Account Number: E0926

Date:

**SUBJECT INFORMATION**

(MUST BE PROVIDED FOR ALL REQUESTS)

NAME:

DOB:

SS#:

ADDRESS:

OCCUPATION:

**W/C SEARCH STATE:**

FAX THIS DOCUMENT WITH ANY STATE SPECIFIC AUTHORIZATION FORMS TO

800-571-6303

STATE OF COLORADO  
DEPARTMENT OF LABOR AND EMPLOYMENT  
DIVISION OF WORKERS' COMPENSATION

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**Workers' Compensation Number.** \_\_\_\_\_

**Claimant Name: Requester Name;** \_\_\_\_\_  
\_\_\_\_\_

The **claimant named** in **the above captioned matter** hereby **authorizes** the **above** mentioned requestor to have access to this workers' compensation file. This authorization shall remain in effect for ninety days from the date of claimants signature, unless claimant notifies the Division of Workers' Compensation in writing before such time, that claimant is revoking said authorization. Access to information is as follows: (check applicable section or sections).

- Complete** access  
 All information except for medical or vocational rehabilitation reports  
 Other  
\_\_\_\_\_

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
**Date Signed** (to be completed by claimant)

Authorization must be signed and dated by the claimant.

**Notarization is required**

STATE OF COLORADO)

COUNTY OF DENVER). **When using an embossed seal, please shade before faxing. Subscribed** and sworn to

before me this

**day** of \_\_\_\_\_, 20

**by** \_\_\_\_\_  
(Print name of claimant)

\_\_\_\_\_  
Signature of Notary Public

My commission expires: