



PA Workers' Comp Claim Report

Instructions to order search

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

1. Order the PA Workers' Comp claim report online through your NCS account.
2. Complete the attached Request Form and the PA Workers' Compensation Authorization form.
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. Expect at least a week to receive your results.

Contact NCS if you have any questions.

Phone: 888-527-3282

Fax: 800-571-6303

E-mail: support@nationalcrimesearch.com

Thank you for your business.

Sincerely,

NCS



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

FROM: Employer:
Address:

RE: Employee:
Address:
S.S.#:

EMPLOYEE AUTHORIZATION

I, _____, do hereby *certify that I received an offer of employment*
Employee Name
from _____ on _____
Employer Name and Address Date

and authorize the **Pennsylvania Bureau of Workers' Compensation** to release all information from Bureau files.

I affirm the information I have provided herein is true. I understand that if I make any false statements which I do not believe to be true and thereby mislead the public servant to whom this request is directed in performing his/her official function, I may be subject to punishment as provided in the Crimes Code, 18 Pa. C.S.A. SS 4904.

Dated: _____

Signed:
Employee

EMPLOYER CERTIFICATION

I, _____, _____ an
Name Title with Employer
employee of and acting as agent for _____, do hereby certify
Employer
that _____ *has extended an offer of employment* to
Employer

_____ on _____ and, I agree that information
Employee Name Date

requested from the **Pennsylvania Bureau of Workers' Compensation** with regard to

_____ will be used by _____ in
Employee Name Employer

conformance with both the Americans with Disabilities Act and the Pennsylvania Human Relations Act.

I affirm the information I have provided herein is true. I understand that if I make any false statements which I do not believe to be true and thereby mislead the public servant to whom this request is directed in performing his/her official function, I maybe subject to punishment in the Crime Code, 18 Pa. C.S.A. SS 4904.

Dated: _____

Signature: _____

Title: _____