



## OK Workers' Comp Claim Report

### Instructions to order search

To order an OK Workers' Compensation report, please follow these instructions:

1. Order the OK Workers' Comp search through your NCS account.
2. Complete the attached Request Form. Your applicant will need to print his/her name within the section that is checked. They will also need to sign, date and write the last four digits of their SSN. **DO NOT** complete the Name, Address, and City/State/Zip section or preparer section, that will be done by NCS.
3. Fax the completed form 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 7-10 business days to receive your results.

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

**Your Background Screening Partner**

# REQUEST FOR CLAIMS FILE INFORMATION/PRIOR CLAIMS

**WORKERS' COMPENSATION COMMISSION**  
**Attention: Records Department**  
**1915 N. Stiles Avenue**  
**Oklahoma City, OK 73105**

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Please indicate  the TYPE of search you are requesting (please type or print):

<input type="checkbox"/> By Name	<input checked="" type="checkbox"/> By Name and the LAST 4 DIGITS of the Social Security Number (Authorization from the holder of the Social Security Number is required.)		
First Name  Last Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">First Name</td> <td>Last Name</td> </tr> </table>	First Name	Last Name
First Name	Last Name		
	I authorize the use of my Name and the LAST 4 DIGITS of my Social Security Number to search for workers' compensation information as evidenced by my signature below:  Signature of SSN Holder:		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Date</td> <td>Social Security #: LAST 4 DIGITS ONLY XXX-XX-_____</td> </tr> </table>	Date	Social Security #: LAST 4 DIGITS ONLY XXX-XX-_____
Date	Social Security #: LAST 4 DIGITS ONLY XXX-XX-_____		

I declare under **PENALTY OF PERJURY** that the information sought hereby is not for a purpose in violation of any state or federal law. I understand that I am required by law to disclose the person for whom this search request is being made, if different from myself.

This search is being made on behalf of the following:

Name: National Crime Search, Inc.

Address : 3452 East Joyce Blvd.

City: Fayetteville State: AR Zip Code: 72703

Please indicate your information below (the preparer of this form):

Preparer's Signature		Preparer's Printed Name:		
Telephone # 479-695-2111	Address: 3452 E. Joyce Blvd.	City: Fayetteville	State: AR	Zip Code: 72703

This document is considered a public record under Oklahoma law.