

## 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 CO Workers' Compensation Authorization form. This must be NOTARIZED.
- 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 6 - 8 business days.

Contact NCS if you have any questions.

Phone: 888-527-3282 FAX: 800-571-6303 E-mail: <u>support@nationalcrimesearch.com</u>

Thank you for your business.

Sincerely,

NCS Support

AUTHORIZATION FOR RELEASE OF LIMITED INFORMATION TO THIRD PARTIES Claimant Social Security Number:	COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT Division of Workers' Compensation 633 17 <sup>th</sup> Street, Suite 400 Denver, CO 80202-3660 Phone: (303) 318-8700   Toll Free: (888) 396-7936 Fax: (303) 318-8710		
Claimant Name:	AUTHORIZATION FOR RELEASE OF LIMITED INFORMATION TO THIRD PARTIES		
Requestor (Third Party) Name:       National Crime Search         Employer Business Name:	Claimant Social Security Number:		
Employer Business Name:         The above referenced claimant authorizes limited access to above-mentioned requestor to all workers' compensation files on record as stated below. This authorization shall remain in effect for ninety days from the date of claimant's signature, unless claimant notifies the Division of Workers' Compensation in writing before such time, that claimant is revoking said authorization.         Information provided shall be limited to:         • Workers' Compensation Number         • Date of Injury         • Part of Body         • Employer         Claimant's Signature (in presence of notary)         Date Signed (to be completed by claimant)         Authorization is required.         STATE OF         COUNTY OF         gave         by         (Print name of claimant)         Place notary seal here         Signature of Notary Public         My commission expires:	Claimant Name:		
The above referenced claimant authorizes limited access to above-mentioned requestor to all workers' compensation files on record as stated below. This authorization shall remain in effect for ninety days from the date of claimant's signature, unless claimant notifies the Division of Workers' Compensation in writing before such time, that claimant is revoking said authorization.  Information provided shall be limited to:      Workers' Compensation Number     Date of Injury     Part of Body     Employer     Claimant's Signature (in presence of notary) Date Signed (to be completed by claimant)  Authorization must be signed and dated by the claimant.  Notarization is required.  STATE OF COUNTY OF days of	Requestor (Third Party) Name: <u>Name</u>	National Crime Search	
files on record as stated below. This authorization shall remain in effect for ninety days from the date of claimant's signature, unless claimant notifies the Division of Workers' Compensation in writing before such time, that claimant is revoking said authorization.  Information provided shall be limited to:  Workers' Compensation Number Date of Injury Part of Body Employer Claimant's Signature (in presence of notary) Date Signed (to be completed by claimant)  Authorization must be signed and dated by the claimant.  Notarization must be signed and dated by the claimant.  Notarization is required.  STATE OF UNITY OF	Employer Business Name:		
<ul> <li>Workers' Compensation Number</li> <li>Date of Injury</li> <li>Part of Body</li> <li>Employer</li> <li>Claimant's Signature (in presence of notary)</li> <li>Date Signed (to be completed by claimant)</li> </ul> Authorization must be signed and dated by the claimant. Notarization must be signed and dated by the claimant. Notarization is required. STATE OF	files on record as stated below. This authorization shall remain in effect for ninety days from the date of claimant's signature, unless claimant notifies the Division of Workers' Compensation in writing before such time, that claimant		
Authorization must be signed and dated by the claimant.         Notarization is required.         STATE OF	<ul> <li>Workers' Compensation Number</li> <li>Date of Injury</li> <li>Part of Body</li> </ul>		
Notarization is required.   STATE OF   COUNTY OF   Subscribed and sworn to before me this   day of   (Print name of claimant)   Place notary seal here   Signature of Notary Public   My commission expires:   Altered forms will not be accepted.	Claimant's Signature (in pres	Date Signed (to be completed by claimant)	
STATE OF When using an embossed seal, please shade before faxing. COUNTY OF Altered forms will not be accepted. When using an embossed seal, please shade before faxing. When using an embossed seal, please shade before faxing. When using an embossed seal, please shade before faxing. When using an embossed seal, please shade before faxing. When using an embossed seal, please shade before faxing. When using an embossed seal, please shade before faxing. When using an embossed seal, please shade before faxing. When using an embossed seal, please shade before faxing.	Authorization must be signed and dated by the claimant.		
COUNTY OF   Subscribed and sworn to before me this   day of   not in the effect of Notary Public   My commission expires:     Altered forms will not be accepted.	Notarization is required.		
COUNTY OF	STATE OF	When using an embossed seal please shade before faving	
day of, 20 by (Print name of claimant) Place notary seal here Signature of Notary Public My commission expires: Altered forms will not be accepted.	COUNTY OF	when using an embossed seal, please shade before faxing.	
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Signature of Notary Public         My commission expires:         Altered forms will not be accepted.	day of	, 20	
My commission expires:Altered forms will not be accepted.	by(Print name of claim	mant) Place notary seal here	
Altered forms will not be accepted.	Signature of Notary	Public	
Altered forms will not be accepted.	My commission expires:		
WC 190 Rev. 03/13	Altered forms will not be accepted.		
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