

EMPLOYER CERTIFICATE AND REQUEST FOR CLAIMS HISTORY

(For Employers Subject to the A.D.A.)

Pursuant to Idaho Code § 74-105(10)(b), the undersigned requests that the Idaho Industrial Commission provide a copy of a computer claims history search of the last five (5) years of the workers' compensation records for the worker identified below. **All requested information is mandatory; incomplete forms will not be processed.**

Worker's Full Name: _____

Other Names Used: _____

Worker's Address: _____

Worker's Phone Number: (_____) _____

Worker's Social Security Number: ____ - ____ - ____ (records are searched by full SSN)

Description of Job Offered to this Worker: _____

Start Date of Job Offered: _____

Requesting Employer's (or Prospective Employer's) Information:

Company Name: _____

Mailing Address: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Email Address: _____

The undersigned certifies and agrees to all of the following:

- ~ the requester is the authorized representative of the current or prospective employer of the identified worker;
- ~ an offer of employment for the job identified above has been extended to the identified worker;
- ~ the requested information will only be used in accordance with the provisions of the Americans with Disabilities Act (42 U.S.C. 12112) and any other statutory limitations;
- ~ this certificate is made under oath and subject to the provisions of Idaho Code § 18-5401, regarding false statements made under oath;
- ~ no public records received via this request will be used to create a mailing list or telephone list;
- ~ the IIC may require me to pay reasonable fees for the records as set forth in Idaho Code § 74-102; and
- ~ the IIC may request my government issued photo identification to verify my identity,
- ~ the IIC may contact me to clarify the request, provide a fee estimate, and make arrangements regarding examination or delivery of any responsive records.

Check one: ☐ I **am not** a resident of Idaho ☐ I **am** a resident of Idaho as defined in Idaho Code § 74-101(15)

I declare under penalty of perjury under the laws of the State of Idaho that all of the foregoing is true and correct.

Requester's Signature: _____ **Date Signed:** _____

Printed name of person signing this form: _____

SEND THIS COMPLETED REQUEST TO:

IDAHO INDUSTRIAL COMMISSION, ATTN: RECORDS MANAGEMENT
PO BOX 83720, BOISE, ID 83720-0041 FAX: 208-334-2321
EMAIL: RECORDSMANAGEMENT@IIC.IDAHO.GOV