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 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 1 - 2 weeks 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

Your Background Screening Partner

FROM: Employer: RE: Employee:
        Address   Address:

<u>EMPLOYEE AUTHORIZATION</u>

I, _____ , do hereby certify that I received an
                    Employee Name
offer of employment from _____
                              Employer Name and Address
on_____ and authorize the Pennsylvania Bureau of Workers' Compensation to
        Date
release all information from Bureau files to *National Crime Search, Inc*.

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

<u>EMPLOYER CERTIFICATION</u>

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

I agree that information 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: _____   Signed:_____

                                                          Title: _____