



Industrial Commission of Arizona  
Department of Workers' Compensation

Date: \_\_\_\_\_

I, \_\_\_\_\_, am authorizing Applicant Insight to conduct a workers compensation case search, in search of any and all inquiries reported on my behalf to the Industrial Commission of Arizona, in compliance with the Federal American Disabilities Act.

Thank You,

Name: \_\_\_\_\_

AKA: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_