



State of Washington Department of Workers Compensation, Date: _____

I, _____, am authorizing Applicant Insight to conduct a workers compensation case search, in search of any and all claims records for workers compensation on my behalf to the Washington Department of Workers Compensation, in compliance with the Federal American Disabilities Act.

Thank You,

Name: _____

AKA: _____

Date of Birth: _____

Social Security Number: _____

Signature: _____