



State of Wyoming 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 Wyoming Department of Workers' Compensation, in compliance with the Federal American Disabilities Act.

Thank You,

Name: _____

AKA: _____

Date of Birth: _____

Social Security Number: _____

Signature: _____