

**EMPLOYER CERTIFICATE AND REQUEST FOR CLAIMS HISTORY**



In accordance with the provisions of Idaho Code § 9-340B(9)(b), the undersigned requests a copy of a computer claims history search of the last five (5) years of the workers' compensation records of the Idaho Industrial Commission for the worker identified below. Requestor agrees to pay all billable costs incurred in responding to this request under the Idaho Public Records Law.

The undersigned certifies that the requestor is the employer or prospective employer of the identified worker and that an offer of employment for the job identified below has already been extended to said worker. The undersigned certifies further that the requested information will only be used in accordance with the provisions of the Americans with Disabilities Act (42 U.S.C. 12112) or other statutory limitations. The undersigned acknowledges that this certificate is made under oath and subject to the provisions of Idaho Code § 18-5401, regarding false statements made under oath.



Worker's Full Name:\* \_\_\_\_\_  
Other Names Used: \_\_\_\_\_  
Worker's Address:\* \_\_\_\_\_

Worker's Home Phone #: (\_\_\_\_) \_\_\_\_\_

Worker's Social Security Number:\* \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Description of Job Offered to this Worker:\* \_\_\_\_\_

Start Date of Job Offered:\* \_\_\_\_\_

Requestor's (Employer's) Name:\* \_\_\_\_\_  
Mailing Address:\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certified By (Signature):**\* \_\_\_\_\_  
**Printed Name & Title:**\* \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

I.C. RESPONSE/NOTE AREA:

SUBSCRIBED AND SWORN TO Before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC for \_\_\_\_\_  
Residing at: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**SEND COMPLETED REQUEST TO: IDAHO INDUSTRIAL COMMISSION, ATTN: RECORDS MANAGEMENT, PO BOX 83720, BOISE, ID 83720-0041**

(\* = Completion mandatory)