



State of Virginia
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 Virginia Department of Worker's Compensation, in compliance with the Federal American Disabilities Act.

Thank You,

Name: _____

AKA: _____

Date of Birth: _____

Social Security Number: _____

Signature: _____

STATE OF _____; County/City of _____, To Wit:
Subscribed and sworn to before me this _____ day of _____, _____.
My Commission Expires: _____

Signature of Notary Public _____