

THE INDUSTRIAL COMMISSION OF ARIZONA
PUBLIC RECORDS REQUEST FORM
(COMPLETE IN FULL - PRINT OR TYPE)

Please check type of records requested:

Administration Labor Division
 Division of Occupational Safety & Health (ADOSH) Workers' Compensation
 Other (explain _____)

If such information is to be used for a commercial purpose as defined in A.R.S. §39-121.03(D), please attach a certified statement (required by A.R.S. §39-121.03(A)) setting forth the commercial purpose for which the information is to be used. Any person who violates the provisions of A.R.S. §39-121.03(C) pertaining to the statement of commercial purpose shall be liable for damages as set forth in that subsection. Non-Commercial Use Commercial Use

If requested information is workers' compensation claims information, is it to be used for pre-offer of employment screening purposes? Yes No

If yes, workers' compensation claims information will not be provided to you. See Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. 1210 et seq., 29 C.F.R. 1630, Section 1630.13 and Appendix thereto, July 26, 1991, and Industrial Commission Resolution adopted April 22, 1999.

Specific information requested (for example: name, injury date, inspection date, etc.)

NAME: _____
SOCIAL SECURITY: _____
DATE OF BIRTH: _____ SEARCH BACK TEN YEARS: _____ TEN OR MORE: _____

Prior to disclosure of records, all information requested will be reviewed to determine if any information is to be redacted or withheld pursuant to case law, statutes or rules.

1. Documents, the following applies:

Twenty-five cents (25¢) per page and copy time at ten dollars an hour (\$10.00) will be charged for all records which are provided for a non-commercial purpose. Records which are provided for a commercial purpose will include the following fees:

- a. Ten dollars an hour for search time (e.g. cost of obtaining the original or copies of documents, printouts or photographs);
- b. Twenty-five cents (25¢) per page and ten dollars an hour for copy time;
- c. The commercial value of reproduction of the requested records.

2. Employers' workers' compensation coverage database, the following applies:

- a. Seventy dollars (\$70) will be charged for a copy of the database which is provided for a non-commercial purpose.* If the database is provided for a commercial purpose, an additional fee of \$500 will be charged which fee represents the commercial value of the database (total charge \$570).

3. Photographs: actual costs for reprinting of photographs will be charged.

Requested by:

(Print Name)

(Signature)

on behalf of:

(Name)

(Address)

(Phone #)

For calculation of costs, please see reverse (over).

* Two years of coverage information is currently available from the database. If additional information is requested which requires the writing of a new computer program to access the data, an additional fee of \$35/per hour will be charged.

STATE OF ARIZONA
WORKERS' COMPENSATION DIVISION
800 WEST WASHINGTON
PHOENIX, ARIZONA 85007
PHONE - 602/542-4411
FAX - 602/542-7889

Date: _____

Dear Workers' Compensation Division
of the State of Arizona

I hereby authorize Inquiries, Inc., to obtain information regarding any prior claims for workers' compensation that I have made in the past seven (7) years.

I further authorize you to fax this information to Inquiries, Inc. at 866/887-3767.

DATE: _____
NAME OF APPLICANT _____

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____,

20____, by _____
Name of Applicant

Signature of Notary Public

My Commission Expires: _____