

State Of New Jersey
Department of Labor and Workforce Development
Division of Worker's Compensation

CERTIFICATE OF AGENT AUTHORIZATION

I, _____, _____, hereby
Applicant (Print Name) Applicant Social Security Number
give permission for the release of worker's compensation records to the authorized
representative and agent, **Premier Employment Screening Services, at**
113 South College Avenue, Fort Collins, CO 80524.

Signature (Applicant)

Date

