North Carolina Industrial Commission

NOTICE OF AWARD

IC File # _____

Emp. Code # _____

Employer FEIN _____

Carrier File # _____

The Use of This Form Is Required Under the Provisions of the Workers' Compensation Act.

Carrier Code # _____

Employee's Name

Address

City State Zip

( ) Home Telephone

( ) Work Telephone

XXX-XX- Last 4 Digits of SSN ☐ M ☐ F Sex **/ /** Date of Birth

( ) Employer's Name Telephone Number

Employer's Address City State Zip

Insurance Carrier

Carrier's Address City State Zip

( ) Carrier's Telephone Number ( ) Fax Number

The above parties have previously submitted an agreement for compensation for disability or death on Form _____. The Commission entered an award in the case upon receipt of the agreement. The Commission has now been informed that ____ _____.

Therefore, the original award is amended as follows:

As above mentioned, said Agreement is hereby approved. This is a formal award of the Industrial Commission. Any interested party may give notice of appeal therefrom within fifteen (15) days or receipt of this award.

SIGNATURE TITLE DATE

FORM 30A
02/2017
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FORM 30A

FILE VIA ELECTRONIC DOCUMENT FILING PORTAL
HTTP://WWW.IC.NC.GOV/DOCFILING.HTML

CONTACT INFORMATION:
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