

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

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	)	
<b>Petitioner</b>	)	
	)	<b>WCC No. _____</b>
<b>vs.</b>	)	
	)	<b>PETITION DISPUTING DENIAL</b>
<b>INDEPENDENT CONTRACTOR</b>	)	<b>OF INDEPENDENT</b>
<b>CENTRAL UNIT</b>	)	<b>CONTRACTOR EXEMPTION</b>
<b>Respondent.</b>	)	<b>CERTIFICATE</b>
	)	

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1. On \_\_\_\_\_, I applied for an independent contractor exemption. A copy of my application is attached.

2. My request for an independent contractor exemption certificate was denied on \_\_\_\_\_. A copy of the denial is attached.

3. The mediation process before the Department of Labor and Industry has been completed. § 39-71-415, MCA.

4. The following is a list of individuals I may call as witnesses in this matter:

<u>Name and Address</u>	<u>General Subject Matter of Testimony</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. The following is a list of written documents relating to this case which I may introduce as evidence:

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6. I am appealing the denial and request the Workers' Compensation Court to determine that I am an independent contractor entitled to an independent contractor exemption.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Petitioner

Please print or type:            Name: \_\_\_\_\_

   Mailing Address: \_\_\_\_\_

   City, State, Zip: \_\_\_\_\_

   Telephone #: \_\_\_\_\_

   E-Mail Address: \_\_\_\_\_

**Attach copies of Independent Contractor Exemption Certificate Application and the Independent Contractor Central Unit's Denial.**