

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

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

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:

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.