

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

_____)	_____)
_____)	_____)
Petitioner)	WCC No. _____)
vs.)	PETITION DISPUTING ICCU)
_____)	REVOCATION OF INDEPENDENT)
_____)	CONTRACTOR EXEMPTION)
Respondent.)	_____)
_____)	_____)

1. On _____, I received an independent contractor exemption certificate. A copy of the certificate is attached.
2. My exemption was revoked on _____. A copy of the revocation notice is attached.
3. The mediation process before the Department of Labor and Industry has been completed. § 39-71-415, MCA.
4. I am appealing the revocation 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__.

Petitioner's Signature

Please print or type: Name: _____
Street Address: _____
City, State, Zip: _____
Telephone #: _____

Attach copies of application for Independent Contractor Exemption and revocation notice