

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

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

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 My exemption was revoked on _____.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