



**INSTRUCTIONS:**

Visit us online at [www.mtcontractor.com](http://www.mtcontractor.com) or call (406) 444-9029 for assistance.

- Initial all statements on this waiver form if you understand and agree to statutorily waive all rights and benefits to which you are entitled under the Montana Workers' Compensation Act Title 39, Chapter 71, MCA.
- This waiver form must accompany your completed ICEC application form, photocopies of 15 points of business documentation, and the \$125 application fee (non-refundable) or receipt of online payment. Link for online payment is on page 1 of application.
- You may be responsible for reporting to Unemployment Insurance; contact their office at (406) 444-3783 for verification.
- Please read and understand all instructions AND the notices of violation listed at the bottom of the ICEC application form.

**\*\*Incomplete and/or inaccurate applications may require additional information\*\***

THIS BLOCK FOR OFFICE USE

**For faster processing, please submit your payment online:**  
<https://erd.dli.mt.gov/work-comp-regulations/montana-contractor/online-payment>

<b>First Name:</b> First name	<b>MI:</b> Middle initial	<b>Last Name:</b> Last name	<b>SSN:</b> Social security number (Required*)
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I am executing this waiver as part of my application for an independent contractor exemption certificate (ICEC) with the Montana Department of Labor and Industry (Department).

I have **initialed** all the following statements, each of which I understand and agree to:

- Initial here** I understand this waiver is not necessary for workers' compensation purposes if I voluntarily choose to obtain workers' compensation insurance on myself under Montana's Workers' Compensation Act Title 39, Chapter 71, MCA (Act) and I would then be entitled to all benefits under the Act. However, by applying for an ICEC, I agree to waive all my rights to obtain the coverage benefits for which I may be eligible under the Act, solely for any work performed under the ICEC. I understand and agree that if I am injured or develop an occupational disease while working for a hiring agent, I am precluded from obtaining any benefits under the Act for any and all damages arising out of any injury or occupational disease related to my work performance under an ICEC. I understand and agree that if I die from an injury or occupational disease related to my work performance under an ICEC, this waiver is effective against any of my beneficiaries as designated under the Act.
- Initial here** I understand and agree that if my ICEC is granted, I will be conclusively presumed in court to have waived all benefits under the Act for work performed under the certificate.
- Initial here** I am engaged in an independently established trade(s), occupation(s), profession(s), or business(es) and I have provided accurate and truthful documentation to the Department to verify the existence of this occupation(s) in my application declaration.
- Initial here** When acting as an independent contractor, I agree to maintain my status as an independent contractor by being free from control or direction over the performance of my services and the details of my work, both under contract and in fact. I agree hiring agents will only be permitted to offer direction and exercise control in matters essential to specifying the end result. I understand that while performing work under my ICEC that I am waiving benefits under the Act unless I have a written or oral agreement to work as an employee for that hiring agent.
- Initial here** I understand and agree that I am responsible for all taxes related to my work as an independent contractor.
- Initial here** I understand the Department has the authority to investigate my working relationships as an independent contractor and may suspend or revoke my ICEC if appropriate.
- Initial here** I understand that if granted, my ICEC will remain in effect for TWO years for the occupations listed on the certificate, unless I notify the Department in writing that I want to have the ICEC cancelled, or the Department revokes or suspends the ICEC. I understand that if I want to maintain my ICEC, I will have to re-apply every two years.
- Initial here** I am of sound mind, I am 18 years of age or older, I have read and understand this waiver, and I am voluntarily and knowingly executing this waiver free from duress, coercion, or misrepresentation from any person(s).

**This section to be initialed only by MANAGER-MANAGED LLC (non-construction industry) and CORPORATION businesses:**

- Initial here, if applicable** I understand and agree that as a qualifying corporate officer, or as a qualifying manager of a manager managed limited liability company (LLC) that is not engaged in the construction industry, who directly owns or, when aggregated with qualifying relatives, owns 20% or more of the shares of a corporation or LLC, I am exempt from the requirement to obtain workers' compensation coverage on myself under the Act, as provided by § 39-71-401(2)(r)(iii) or (iv), MCA. However, I am not exempt from Montana's Unemployment Insurance laws, and must report my wages to the Unemployment Insurance Division.

I solemnly affirm, under penalty of perjury, that all information provided and agreed to herein and attached hereto, is true, correct, and accurate to the best of my knowledge. By signing this waiver form, I understand and agree that if my ICEC is granted I **WAIVE ALL STATUTORY RIGHTS AND BENEFITS THAT I AM ENTITLED TO UNDER THE MONTANA WORKERS' COMPENSATION ACT.**

**Applicant Signature:**                     Your Signature                      
(APPLICANT SIGNATURE MUST BE NOTARIZED)

**THIS FORM MUST BE NOTARIZED**

State of           State of residency          

County of           County of residency          

SUBSCRIBED and AFFIRMED before me this           Day           day of           Month          , 20           Year          

By (Applicant Name):           Print your name          

Notary Signature           Notary signature          

Affix Seal/Stamp:

**Notary stamp**

Please include the below documents when you mail in your application. Your Operations Associate will also provide ICEC instructions that give examples of documents to use for 15 points. There are examples in each category as well. Please email your Operations Associate a copy of your notarized application and supporting documents before you mail it to the state.



**Montana Department of LABOR & INDUSTRY**

**BUSINESS DOCUMENTATION LIST for Independent Contractor Exemption Certificate**

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- The following is a list of suggested business documentation with possible point values considered by the Montana Department of Labor and Industry (Department) to demonstrate each applicant is truly established in a trade, occupation, profession, or business and qualifies for an independent contractor exemption certificate (ICEC).
- You must score 15 points of business documentation for each trade, occupation, profession, or business listed on your ICEC application.
- Each item of documentation must be complete, valid, and current – it cannot be incomplete, outdated, or expired.
- Each item of documentation may count toward points in more than one trade, occupation, profession, or business.
- The Department has the discretion to assess the reliability of the business documentation in order to award points for the items submitted.

**\*\*Incomplete and/or inaccurate applications may be denied\*\***

<b>MAX POINT VALUE</b>	
<b>6 (or more) POINT CATEGORY</b>	
Workers' Compensation, Unemployment Insurance, and Revenue accounts for employees (all three)	<b>10</b>
Memo of Understanding or contract evidencing independent contractor status or Emergency Equipment Rental Agreement <ul style="list-style-type: none"> <li>• payment based on a completed project basis</li> <li>• beginning and ending date of the contract</li> <li>• liability for failure to complete the project</li> <li>• identifies who provides the materials and supplies</li> <li>• a defined body of work, complete project, or end result</li> <li>• signatures by all parties</li> </ul>	<b>6- Point Category Examples: Assignment specific rate sheet; list of tools and equipment owned and controlled by the applicant with approximate value (must be signed and dated); . *Each worth 6 points*</b>  <b>6</b>
General commercial liability insurance or insurance bond certificate (must contain agent contact information and current effective dates)	<b>6</b>
List of tools and equipment owned and controlled by the applicant with approximate value (must be signed and dated)	<b>6</b>
Business tax forms or records - IRS Schedules C, E, F, or K (must be within the past three years)	<b>6</b>
Form 1099s - two different hiring agents and compensation amounts differing from IRS Schedules C, E, F, or K (must be within the past three years)	<b>6</b>
Trucking company lease agreement	<b>6</b>
<b>MAX POINT VALUE</b>	
<b>3 POINT CATEGORY</b>	
Partnership agreement (must be provided if marking partnership business structure) <ul style="list-style-type: none"> <li>• intent to form the partnership</li> <li>• contribution by all partners</li> <li>• a proprietary interest and right of control by the working partner</li> <li>• the sharing of profit/loss</li> <li>• applicant's role as a working partner</li> <li>• signatures by all parties</li> </ul>	<b>3-Point Category Examples: WMS Annual Contract and rate sheet (as one) - (We will need to know exactly how you wrote your business name, above, to put on your contract before we can send it to you); your professional license; registration of business name (LLC) and structure with Montana Secretary of State. *Each worth 3 points*</b>  <b>3</b>
Professional license relevant to your trade, occupation, or profession	<b>3</b>
Educational certification relevant to your unlicensed trade, occupation, or profession	<b>3</b>
City or county business license or permit	<b>3</b>
Registration of business name and structure with Montana Secretary of State	<b>3</b>
Articles of incorporation, organization, or annual report (which reflects officers/managers/members for LLCs and Corporations only)	<b>3</b>
Business location documentation (lease or rental agreement, business property tax statement, or IRS 8829)	<b>3</b>
Bank account for your business (cannot be personal)	<b>3</b>
Professional membership or affiliation	<b>3</b>
Advertising (internet website, newspaper, phone book, or magazine)	<b>3</b>
<b>MAX POINT VALUE</b>	
<b>1.5 POINT CATEGORY</b>	
Construction Contractor Registration	<b>1.5</b>
Pre-printed forms, business card, or brochure	<b>1.5</b>
Invoices billed to your business name	<b>1.5</b>
Advertising for your business using sign on vehicle, yard, bulletin board, flyer, or social media	<b>1.5</b>
Orders receipt for printed hats, shirts or other apparel, pens or pencils for your business	<b>1.5</b>
Documented proof of federal employer identification number (FEIN, TEIN or TIN)	<b>1.5</b>
Credit card or purchasing account for your business (cannot be personal)	<b>1.5</b>
Telephone or utility bill for business (cannot be personal)	<b>1.5</b>
Vehicle registration for your business (cannot be personal)	<b>1.5</b>
International fuel tax account number (IFTA)	<b>1.5</b>
USDOT number	<b>1.5</b>
Dunn and Bradstreet number	<b>1.5</b>

**1.5- Point Category Examples: Documented proof of federal employer identification number (FEIN, TEIN or TIN). Typically providers reach their 15 points with the above examples that they don't use the 1.5 category often.**