Once your application is complete, please email the notarized copy and supporting documents to your Operations Associate.

## Montana Department of

**Notary Signature** 

**Notary Signature** 

## VALID FOR TWO (2) YEARS

**APPLICATION for Independent Contractor Exemption Certificate** 

LABUK	& INDUSTRY	\$125	FEE (NON-REFUNDABLE)	IC# O	FFICE USE	
INSTRUCTIONS:	V	isit us online at www.mtcontra	actor.com or call (406) 444-9029 for assistan	ce. THIS BLC	OCK FOR OFFICE USE	
□ Complete this application form if you have an independently established trade, occupation, profession, or business, are <b>free from the control and direction of your hiring agent</b> , and are not personally covered by a Montana workers' compensation insurance policy.						
=					ubmit your	
	associated waiver form if you und		visions. aling 15 points for each occupation listed belo	navment	t online:	
	==		amount of \$125 (non-refundable) or pay onlin		rd.dli.mt.gov/	
, ,	•	• , ,	bloyees, including Manager-Managed LLCs a		mp-regulations/	
	5 5		exist. Please call or visit our website to inqui		a-contractor/	
☐ Send all completed applie	cation materials to: Registration			online-p	ayment	
	**Incomplete and/or in	naccurate applications may b	pe denied**			
I declare that I am 18 years	or older. I am making these star	tements and representations	in order to apply for an independent contract	or exemption c	ertificate (ICEC) with	
			nent is relying on the truth and accuracy of the			
ICEC. If my ICEC is denied, I	may contest the decision. I deci	are under penalty of perjury a	and under the laws of the state of Montana th	at the following	3 is true and correct:	
First Name:		MI: Last Name:			social security	
Your first n  Business Name(s):		initial rour last I	name	numl	ber (*Required)	
Business Name(s):	(If not using a business name, use your					
Your busin	ness name <b>or</b> your nam	e and title *Require			T	
Your busin  Mailing Address: Your full mail	ling address (HAS TO	RE A PHYSICAL A	City:  DDRESS)	State:	Zip:	
Business' Physical	•	DE ITT ITTOTORE I	Citv:	State:	Zip:	
Wour business'	physical address <b>or</b> your	mailing address again	•	State.	Zip.	
Phone:	priyorear address of your	mannig addi coo agam	Email:		<u>l</u>	
The best nu	ımber to contact you a	t	Your email address			
The best number to contact you at  The TRADE(S), OCCUPATION(S), or PROFESSION(S), for which I am applying is/are:						
	- Training of profession	on (i.e. ivaise i racti	eroner, i riyoreran risonotarit, i riy		<u>,                                      </u>	
Business Structure	ව <mark>් (Selections must match your business r</mark>	name registration and record of owner	rship title with the MT Secretary of State; contact their office	at (406) 444-3665	for verification)	
	ble box: Manager-Managed LL	C (construction) (*May need	CR)			
□ Sole Proprietor	☐ Manager-Managed LL	ing an LLC we recommend wo	□ Corporation (construction) (*	May need CR)		
☐ Partnership or LL☐ Member-Manage		to ensure its registered proper	□ Corporation (non-construction	,		
□ Member-Manage	u LLC		Title: ☐ President ☐ Vice Pres	ident □ Secr	etary   Treasurer	
	nly by MANAGER-MANAGED	LLC (non-construction in	dustry) and CORPORATION businesses:			
	or more of the number of share	es of stock in the corporation	or own 20% or more of the LLC; or			
Initial here,	than 20% of the number of shar	es of stock in the cornoration	or LLC, but when my ownership is aggregated	with the share	s owned by a nerson	
initial or persons	s listed in the third category, the	total is 20% or more of the n	number of shares in the corporation or LLC; or		• •	
паррисание		ochild, mother, father, son-in-	law, daughter-in-law, nephew, niece, brother,	or sister of a c	orporate officer who	
initial meets one	e of the requirements above.					
			o herein and attached hereto, is true, corrected and and agree that if my ICEC is grante			
	ENTITLED TO UNDER THE MONTA					
Applicant Signature: You	ur signature		(1	HIS FOR	RM MUST	
	(APPLICANT SIGNATURE MUST	BE NOTARIZED)		BE NOT	ARI7FD	
State of Your state	of residency		Affix Seal/Stamp:			
County of Your cou	nty of residency					
SUBSCRIBED and AFFIRME	D before me this $\underline{Day}$ day of	_Month_, 20 Year	Notary Stamp			
By (Applicant Name): Prin	nt full name					

Notice of violation to Applicants: Montana law provides for a civil penalty up to \$1,000 for each violation of the following: A person may not perform work as an independent contractor without obtaining either workers' compensation insurance or an ICEC; perform work as an independent contractor when the Department has revoked or denied the ICEC; transfer to another person or allow another person to use an ICEC that was not issued to that person; alter or falsify an ICEC; and/or misrepresent the person's status as an independent contractor. The Department has the authority to investigate your working relationships as an independent contractor. If through investigation, the Department determines you are acting as an employee, your ICEC may be suspended or revoked.

Notice of violation to Hiring Agents: You can be found to be an employer if you have the right to control or exercise control over the worker. A person who violates a provision of the law is subject to a fine to be assessed by the Department of up to \$1,000 for each violation.

Notice of violation to Employers: Montana law prohibits employers from avoiding their responsibility to provide workers' compensation insurance for employees. An employer may not require an employee through coercion, misrepresentation, or fraudulent means to adopt independent contractor status or exert control to a degree that destroys the independent contractor relationship. In addition to any other penalty or sanction, a person or employer who violates a provision of the law is subject to a fine to be assessed by the Department of up to \$1,000 for each violation.

DLI-ERD-WCR003 Revised: April 2018





By (Applicant Name): Print your name

Notary Signature Notary signature

are entitled und ☐ This waiver f and the \$125 a ☐ You may be	tements on this waiver form if you der the Montana Workers' Compen f <mark>orm must accompany your comple application fee (non-refundable) or responsible for reporting to Unemp</mark>	understar sation Act ted ICEC a receipt of loyment Ir D the noti	nd and agree to statuto Title 39, Chapter 71, N pplication form, photoconline payment. Link for surance; contact their ces of violation listed a	opies of 15 points of business docume or online payment is on page 1 of applic office at (406) 444-3783 for verificat t the bottom of the ICEC application fo	entation, ation. ion.	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  Social security
First name	2	Middle initial	Last name			number (Required*)
I am executing Industry (Depar		ion for an	independent contractor	or exemption certificate (ICEC) with the	ne Monta	na Department of Labor and
I have <b>initialed</b>	all the following statements, each	of which I	understand and agree	to:		
I <u>nitial he</u> re initial	on myself under Montana's Work Act. However, by applying for an I solely for any work performed und a hiring agent, I am precluded fr disease related to my work perfo	ers' Comp CEC, I agr Ier the ICE om obtair rmance ur	ensation Act Title 39, ( ee to waive all my righ CC. I understand and ag ning any benefits unde nder an ICEC. I underst	n purposes if I voluntarily choose to ob Chapter 71, MCA (Act) and I would the ts to obtain the coverage benefits for gree that if I am injured or develop an o r the Act for any and all damages ari and and agree that if I die from an inj st any of my beneficiaries as designat	en be enti which I m occupatio sing out oury or occ	tled to all benefits under the nay be eligible under the Act, nal disease while working for of any injury or occupational cupational disease related to
Initial here initial	I understand and agree that if my performed under the certificate.	/ ICEC is g	ranted, I will be conclu	sively presumed in court to have waiv	ed all be	nefits under the Act for work
I <u>nitial he</u> re initial			\ // I	n(s), profession(s), or business(es) and ccupation(s) in my application declarat		rovided accurate and truthful
I <u>nitial he</u> re initial						
I <u>nitial her</u> e initial	I understand and agree that I am	responsib	le for all taxes related	to my work as an independent contrac	ctor.	
I <u>nitial he</u> re initial	I understand the Department ha revoke my ICEC if appropriate.	s the auth	nority to investigate my	working relationships as an indeper	ident con	tractor and may suspend or
I <u>nitial he</u> re initial		to have th	ne ICEC cancelled, or th	WO years for the occupations listed ne Department revokes or suspends the		
Initial here initial 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 the waiver free from duress, coercion, or misrepresentation from any person(s).						and knowingly executing this
This section to	be initialed only by MANAGER-M	IANAGEI	D LLC (non-constru	ction industry) and CORPORATION	ON busin	esses:
Initial here, if applicable initial	that is not engaged in the constr shares of a corporation or LLC, I	ruction inc am exem or (iv), M(	lustry, who directly ow opt from the requireme CA. However, I am not e	a qualifying manager of a manager m ns or, when aggregated with qualifyin ent to obtain workers' compensation o exempt from Montana's Unemploymer	g relative coverage	s, owns 20% or more of the on myself under the Act, as
my knowledge.	n, under penalty of perjury, that al By signing this waiver form, I und NDER THE MONTANA WORKERS' C	derstand a	and agree that if my IC	d to herein and attached hereto, is tru EC is granted <b>I WAIVE ALL STATUTO!</b>	e, correc RY RIGHT	t, and accurate to the best of S AND BENEFITS THAT I AM
Applicant Signa	ture: Your Signature (APPLICANT SIGNATURE	MUST DE	IOTADIZED)			FORM MUST
State of Sta	te of residency	. IVIUSI BEN	INTARIZED)	Affix Seal/Stamp:	BE	NOTARIZED
	county of residency			Ann Sear Stairp.		
, <u></u>	ad AFFIRMED before me this Day	day of N	Month 20 Year	Notary stamp		

DLI-ERD-WCR003 Revised: March 2017

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

INSTRUCTIONS:

- Visit us online at www.mtcontractor.com or call (406) 444-9029 for assistance.
- •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\*\*

		MAX POINT VALUE			
6 (or mo	ore) POINT CATEGORY				
Workers' Compensation, Unemployment Insurance, and Revenue ac	•	10			
Memo of Understanding or contract evidencing independent contract	ecounts for employees (all tillee)	10			
payment based on a completed project basis					
<ul> <li>beginning and ending date of the contract</li> </ul>	6- Point Category Examples: Assignment specific rate sheet;				
	list of tools and equipment owned and controlled by the				
liability for failure to complete the project	applicant with approximate value (must be signed and	6			
<ul> <li>identifies who provides the materials and supplies</li> </ul>	dated); . *Each worth 6 points*				
<ul> <li>a defined body of work, complete project, or end result</li> </ul>					
signatures by all parties					
	(must contain agent contact information and current effective dates)	6			
List of tools and equipment owned and controlled by the applicant w		6			
Business tax forms or records - IRS Schedules C, E, F, or K (must be		6			
Form 1099s - two different hiring agents and compensation amount three years)	ts differing from IRS Schedules C, E, F, or K (must be within the past	6			
Trucking company lease agreement		6			
Tracking company roads agreement		MAX POINT VALUE			
3 P	OINT CATEGORY				
Partnership agreement (must be provided if marking partnership busi	iness structure) 3-Point Category Examples: WMS Annual Contract and				
intent to form the partnership	3-Point Category Examples: WMS Annual Contract and				
contribution by all partners	rate sheet (as one) - (We will need to know exactly how				
a proprietary interest and right of control by the working no	artner you wrote your business name, above, to put on your	3			
the sharing of profit/loss	contract before we can send it to you); your professional	3			
3 . ,					
applicant's role as a working partner  aignotypes healt parties.	license; registration of business name (LLC) and				
signatures by all parties	structure with Montana Secretary of State. *Each worth 3				
Professional license relevant to your trade, occupation, or profession		3			
Educational certification relevant to your unlicensed trade, occupation, or profession					
City or county business license or permit  Registration of business name and structure with Montana Secretary of State					
		3			
Articles of incorporation, organization, or annual report (which reflects officers/managers/members for LLCs and Corporations only)					
Business location documentation (lease or rental agreement, business property tax statement, or IRS 8829)  Bank account for your business (cannot be personal)					
Professional membership or affiliation		3			
Advertising (internet website, newspaper, phone book, or magazine)					
		MAX POINT VALUE			
1.5	POINT CATEGORY				
Construction Contractor Registration		1.5			
Pre-printed forms, business card, or brochure					
Invoices billed to your business name					
Advertising for your business using sign on vehicle, yard, bulletin board, flyer, or social media					
Orders receipt for printed hats, shirts or other apparel, pens or pencils for your business					
Documented proof of federal employer identification number (FEIN, TEIN or TIN)					
Credit card or purchasing account for your business (cannot be personal)					
Telephone or utility bill for business (cannot be personal)					
Vehicle registration for your business (cannot be personal)					
International fuel tax account number (IFTA)		1.5 1.5			
USDOT number					
Dunn and Bradstreet number		1.5			

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.