



Montana Department of  
**LABOR & INDUSTRY**

**MONTANA DEPARTMENT  
OF LABOR & INDUSTRY**  
**EMPLOYMENT RELATIONS DIVISION  
WORKERS COMPENSATION CLAIMS  
EXAMINER CERTIFICATION**

**P.O. Box 8011  
HELENA, MONTANA 59604-8011**

**Nikki Hartman  
Phone: (406) 444-7751  
Email: nhartman@mt.gov**

**TESTING  
CERTIFICATION  
APPLICATION**

**APPLICATION FEE \$175.00 To Be Included with Certification Application (Payable to Claims Examiner Certification Program)**

**PROOF OF CERTIFICATE OF COMPLETION FOR THE MONTANA WORKERS COMPENSATION CLAIMS  
EXAMINATION OR WAIVER QUALIFICATIONS MUST BE SATISFIED PRIOR TO ISSUANCE OF A CERTIFICATE.**

The undersigned hereby applies for certification to act as a Workers Compensation Claims Examiner pursuant to the provisions of 39-71-320, MCA, and ARM 24.29.811-24.29.851

1. Name \_\_\_\_\_  
(Last) (First) (Middle)

2. Residence Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

3. Date of Birth \_\_\_\_\_ Graduation/GED Date \_\_\_\_\_ Social Security Number Last Four # \_\_\_\_\_

4. Residence/Cell Phone Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_

5. Employing Firm \_\_\_\_\_  
(Name)

6. Firm Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

7. Business Address (if different than Employer Address) \_\_\_\_\_  
(Street) (City) (State) (Zip)

8. Business E-mail \_\_\_\_\_

9. On the next page, please provide a statement that describes your employment experience and places of residence the past seven years.

10. Have you had any experience/ special education in Montana's Workers Compensation Claims Administration? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please provide a statement on a separate attached sheet that describes your experience.

I certify that the above information is correct and true to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

## Employment Information

Name & Complete address of employer:

\_\_\_\_\_

Job Title: \_\_\_\_\_ Dates employed: \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Type of Business: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone # \_\_\_\_\_

Average Hours Per Week \_\_\_\_\_ Time Employed: Years \_\_\_\_\_ Months \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteer \_\_\_\_\_

Describe duties in detail:

Name & Complete address of employer:

\_\_\_\_\_

Job Title: \_\_\_\_\_ Dates employed: \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Type of Business: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone # \_\_\_\_\_

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Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteer \_\_\_\_\_

Describe duties in detail:

Submit Form