Submission Requirements For Class C-1 Apprentice License: (Non Tested)

(Plumbing, HVAC, Refrigeration)

APPRENTICE LICENSE APPLICATIONS

1. All applications must be completed on the form provided.

2. Individual Apprentice License Applications must be accompanied by full fees.

3. All apprentices must be working for a properly licensed contractor.

The Contractor Licensing Regulations are attached. It is important that you read and become familiar with them.
CLASS C-1 APPRENTICE LICENSE APPLICATION ($20) (Non-tested)  
(Plumbing, HVAC, Refrigeration,) 
INCOMPLETE APPLICATIONS WILL BE REJECTED.

Specify type of Apprentice License: (Plumbing, HVAC, Refrigeration) ____________________________

Applicant’s Name: ___________________________ Phone #: (____)__________

Last Name   First Name   M.I.

Physical Address:______________________________

Street                   City                   State                   Zip

Mailing Address:______________________________

Street or P.O. Box        City                   State                   Zip

Applicant Email Address:__________________________________________

Applicant is working for: ________________________________

Practical Experience
(Refer to submission requirements for additional information).

You must complete the following information in addition to attaching your statement of experience.

<table>
<thead>
<tr>
<th>Name &amp; Address of Companies you worked for.</th>
<th>Total Time you worked for them in: Years and Months</th>
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Personal References
Any individual, other than a relative, who can give you a favorable reference.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>City/St/Zip:</td>
<td>City/St/Zip:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
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</tbody>
</table>
Questionnaire

1. As the applicant, are you familiar with the Cheyenne Contractor Licensing Regulations and Ordinance that are involved with this type of license and feel that you can comply with them? Yes_____ No_____

2. As the applicant, are you familiar with the applicable Building and Related Codes required to apply for this license? Yes_____ No_____

3. Have you ever had a construction related license in another jurisdiction? Yes_____ No_____  
   If yes, list the location and the type of license. (Submit copies of the licenses if you have them.)

4. Have you ever been denied a license? Yes_____ No_____  
   If yes, state date, reason and jurisdiction of denial.

5. Have you ever had a construction related license suspended or revoked? Yes_____ No_____  
   If yes, give reason for suspension or revocation date, and jurisdiction.

I, as applicant, hereby certify that the statements in this application are true and correct to the best of my knowledge and belief. I understand that false statements or willful omission of pertinent information will be grounds for denial or revocation of a license.

If, for any reason, you do not obtain a license, you must submit a written request for a refund, within sixty (60) days of the Board’s action or forfeit all fees.

TO BE SIGNED IN THE PRESENCE OF NOTARY

Applicant’s Name: ____________________________  
(Printed): ________________

Applicant’s Signature: ____________________________

Applicant acknowledges:  
a) Receipt of Contractor Licensing Regulations,  
b) This license expires one (1) year from date of issue,  
c) It is my responsibility to renew this license prior to expiration.

Date: ____________________________

State of ________________  
County of ________________  
On ________________ 20__, personally, appeared before me, whose identity I proved on the basis of:  

______________________________  
Notary Public:

My commission expires: ____________________________

(Seal)

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Office Use Only

Received By: ____________________________  
Date: ____________________________

FEE PAID [ ]Cash [ ]Check (No.) [ ]Credit Card Amount: ________________  
Receipt No.: ____________________________

Approved By: ____________________________  
,Chairman Date: ____________________________

Rev 02/2020