Submission Requirements For Class C-1 Plumbing, HVAC and Refrigeration Contractor & Master Licenses: (Tested)

CONTRACTOR LICENSE APPLICATIONS - Deadline for submission is the last working day of the month prior to the meeting. Please submit your applications early, so that we have adequate time to get your application on the Board’s agenda prior to their meeting.

CONTRACTOR LICENSE APPLICATIONS
1. All applications must be completed on the forms provided. The Contractor License Application is for the company. This application asks for company references from persons or companies your company has done business with, i.e. supply houses, lumber companies, customers, etc.
2. Contractor License Applications must be accompanied by the following items:
   a. Full fees must be paid at the time of application
   b. A certificate of general commercial liability insurance showing the City of Cheyenne Compliance Department as a certificate holder only, not as an “additional insured”.
   c. ALL CONTRACTORS WITH EMPLOYEES must also submit proof of registration with Division of Worker’s compensation in the Department of Workforce Services of the State of Wyoming (307-777-6763)

MASTER LICENSE APPLICATIONS
1. All applications must be completed on the forms provided. This license is for the individual(s) who will be the Master for the company. Every company is required to have at least one Master. The individual completing the Master License Application will be required to show successful completion of the appropriate ICC National Standard exam OR the Wyoming (WAM) exam. (Plumbers must pass the Master Plumber With Gas exam). The application asks for references from individuals who can give a positive reference regarding the individual signing the application.
2. **You need to provide a detailed list of your personal HANDS ON experience. The Board wants to see your detailed hands on field experience and specific type of work you have actually performed.** List specific jobs and what you did on those jobs. For example: If you are applying for a plumbing license inform the Board of all the duties you performed as a plumber, the types of materials you have worked with and the kinds of plumbing/gas systems you have installed.
3. **Attendance to the Licensing Board meeting is required in accordance with Section 13.1 of the Contractor Licensing Board & Regulations. If you are not at the meeting to answer any questions the Board may have pertaining to your application/experience, your application may be denied.** If your license is denied by the Board, you will have to fill out a new application and pay a new application fee of $50.00. The meetings are held in City Council Chambers at 9:00 A.M. the second Tuesday of each month.
4. Individual Master License applications must be accompanied by full fees.

The Contractor Licensing Regulations are attached. It is important that you read and become familiar with them.

Rev 02/2020
CLASS C-1 CONTRACTOR LICENSE APPLICATION ($250)
(Plumbing, HVAC, Refrigeration)

INCOMPLETE APPLICATIONS WILL BE REJECTED. IF THE BOARD DENIES YOUR LICENSE, YOU
WILL HAVE TO FILL OUT A NEW APPLICATION AND PAY A RE-APPLICATION FEE OF $50.00

Specify Type of C-1 License: (Plumbing, HVAC, or Refrigeration)

This license entitles the holder to apply for permits to perform the work described in Section 9 of the Contractor Licensing Regulations. Holders of valid Class C Type 1 licenses may perform the work described under the Class C Type 2 licenses within their respective categories.

Company Name: ___________________________ Phone# (___) ____________

Written as it will appear on license.

Physical Address: ________________________________

Street City State Zip

Mailing Address: ________________________________

Street or P.O. Box City State Zip

Contractor Email Address: __________________________

Name of Qualified Supervisor: __________________________

**Corporate Status**

[ ] Individual/Sole Proprietor [ ] Partnership [ ] Corporation [ ] LLC

**Company Officers**

List the full name, title, home address, and phone number for each corporate officer.

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
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<tbody>
<tr>
<td>Title</td>
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<tr>
<td>Address</td>
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<td>City/St/Zip</td>
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<td>Phone</td>
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<tr>
<td>Phone</td>
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</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 adopted by the City of Cheyenne? Yes____ No____

3. Have you ever had a construction related license in another jurisdiction? Yes____ No____
   If yes, list type of license, date, and jurisdiction. ______________________________

4. Have you ever been denied a license? Yes____ No____
   If yes, give reason for denial, date, and jurisdiction. ______________________________

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. ______________________________

Rev 02/2020
Company References
Any individual or entity, other than a relative, who can give your company a favorable reference.

<table>
<thead>
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<td>Phone:</td>
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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.

**Do you have employees?**
(If yes, you need to register with Wyoming Workers’ Comp. Contact at 307-777-6763)

**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: ____________________________

Notary Public: ____________________________
My commission expires: ____________________________

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

to be the signor of this instrument, and he/she acknowledged that he/she signed it.

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(Seal)

Office Use Only

Received By: ___________________________ Date: ___________________________

FEE PAID   [    ]Cash          [    ]Check (No.)          [    ]Credit Card

Amount: ___________________________ Receipt No.: ___________________________

Approved By: ___________________________ Chairman  Date: ___________________________

License Number: ___________________________ Date Issued: ___________________________

CLASS C-1 MASTER LICENSE APPLICATION ($100) (Tested)

(Plumbing, HVAC, Refrigeration)

INCOMPLETE APPLICATIONS WILL BE REJECTED. IF THE BOARD DENIES YOUR LICENSE, YOU WILL HAVE TO FILL OUT A NEW APPLICATION AND PAY A RE-APPLICATION FEE OF $50.00

SPECIFY TYPE OF C-1 LICENSE: (Plumbing, HVAC, or Refrigeration)

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

Last       First       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

A minimum three (3) years comprehensive, hands on experience as a journeyman and a minimum of four (4) years as an apprentice must be documented. Applicant shall attach the documentation necessary to demonstrate applicant has satisfied the minimum requirements. (Refer to Submission Requirements for additional information). Applicants for refrigeration licenses shall also provide documentation of possessing a current certification of refrigerant reclamation.

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:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Years and Months</td>
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Rev 02/2020
**Personal References**

Any individual, other than a relative, who can give you a favorable reference.

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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.

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(Printed): _________________________________________________________________
Applicant’s Signature: ________________________________________________________

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b) This license expires one (1) year from date of issue,
c) It is my responsibility to renew this license prior to expiration.

Date: ________________________________

(Seal)

State of  
County of ________________________________
On ________________________________, 20_____.

personally, appeared before me, whose identity I proved on the basis of:

to be the signor of this instrument, and he/she acknowledged that he/she signed it.

Notary Public:  ________________________________
My commission expires:  ________________________________

**************************************************

Office Use Only

Received By: ________________________________ Date: ________________________________

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

Approved By: ________________________________ ,Chairman  Date: ________________________________

License Number:  ________________________________ Date issued: ________________________________