Submission Requirements for Class C-1 and C-2 Contractor Licenses: (Tested)
C-1 Structural Concrete, Structural Masonry, Framing, General Roofing, Manufactured Housing, Drywall, C-2 Shingles

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)

QUALIFIED SUPERVISOR LICENSE APPLICATIONS
1. All applications must be completed on the forms provided. This license is for the individual(s) who will be the **qualified supervisor** for the company. Every company is required to have at least one qualified supervisor. The individual completing the Qualified Supervisor License Application **will be required to show successful completion of the appropriate required ICC National Standard exam OR the Wyoming (WAM/ICC) Exam**. The application asks for references from individuals or companies which can give a positive reference regarding the individual signing the application.

2. The individual needs to provide a detailed list of their personal HANDS ON experience. The Board wants to see your detailed hands on field experience and specific type of work you have actually performed **(a minimum of three (3) years)**. List specific jobs and what you did on those jobs. For example, if you are a framer, tell the Board all the duties you performed as a framer. If you are applying for a structural concrete license, tell the Board everything you have done regarding footings, foundations, retaining walls, etc.

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 09:00 A.M. the second Tuesday of each month.

4. Individual Qualified Supervisor 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.
CLASS C-1/C-2 CONTRACTOR LICENSE APPLICATION ($250)

C-1 Structural Concrete, Structural Masonry, Framing, General Roofing, Manufactured Housing, Drywall
C-2 Shingles.

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 license: C-1_____________________________________________________________
C-2_____________________________________________________________

Company Name:__________________________________________________________ Phone# (____)__________

Physical Address:______________________________ Written as it will appear on license.
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>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Title</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>City/St/Zip</td>
<td>City/St/Zip</td>
</tr>
<tr>
<td>Phone</td>
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</tr>
</tbody>
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<td>City/St/Zip</td>
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<tr>
<td>Phone</td>
<td>Phone</td>
</tr>
</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 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. ________________________________
Company References
Any individual or entity, other than a relative, who can give your company a favorable reference.

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

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: ____________________________

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: ____________________________
**CLASS C-1/C-2 QUALIFIED SUPERVISOR LICENSE APPLICATION** ($100)

*Tested*

**C-1 Structural Concrete, Structural Masonry, Framing, General Roofing, Manufactured Housing, Drywall, C-2 Shingles.**

*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 license:  

C-1___________________________________________________________

C-2____________________________________________________________

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:_________________________________________________

Class C-1/C-2 Applicant is Working For:_____________________________________

**Practical Experience**

A minimum three (3) years comprehensive, hands on experience relative to the type of work the applicant is applying for, is required in order to obtain a Class C-1 or C-2 license. Applicant shall attach documentation necessary to demonstrate applicant has satisfied the minimum requirements. (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:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Years and Months</td>
</tr>
</tbody>
</table>
**Personal References**

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

<table>
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**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: ___________________________

(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: ___________________________

License Number: ___________________________  
Date issued: ___________________________