Submission Requirements for Class C-2 Apprentice Low Voltage Electrical License Application (NON-TESTED)

You must have a valid State electrical license prior to making application for a City license.

You must specify the type of Low Voltage license you are applying for:

General-Alarm-Communications: (circle one or write in here): General – Alarm – Communications

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.

4. Applicants for an electrical apprentice license must first obtain a State electrical apprentice license.

The Contractor Licensing Regulations are attached. It is important that you read and become familiar with them.
CLASS C-2 APPRENTICE LOW VOLTAGE ELECTRICAL LICENSE APPLICATION
($20) (Non-tested)

You must have a valid State license prior to making application for a City license.

INCOMPLETE APPLICATIONS WILL BE REJECTED.

Specify type: General – Alarm – Communications: _______________________________________

Applicants Name: __________________________________________ PHONE# (____) ____________

Last First Middle

Physical Address: _____________________________________________

Street City State Zip

Mailing Address: _____________________________________________

Street or P.O. Box City State Zip

Applicant Email Address: ________________________________________

Licensed C-2 Low Voltage Electrical Applicant is working for: ________________________________

Practical Experience
You need to show who you have worked for and how long you worked for them. (Refer to submission requirements for additional information). You must have a valid State electrical license prior to making application for a City license.

Incomplete applications will be returned.

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<th>Name &amp; Address of Company</th>
<th>Total Time in Years and Months</th>
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Personal References
Any individual other than a relative who can give you a favorable reference.

Name: ___________________________ Name: ___________________________
Address: _________________________ Address: _________________________
City/St/Zip: _____________________ City/St/Zip: _____________________
Phone: __________________________ Phone: __________________________
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:

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

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: ____________________________

License Number: ____________________________ Date issued: ____________________________