 Submission Requirements For Class E Contractor Licenses:
(Must appear before the Board but is NOT a tested license)

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 Building Safety 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 application asks for references from individuals or companies which 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. Inform the Board all the duties you have personally performed in the construction, alteration and repair of single family dwellings.

3. Attendance at the Licensing Board meeting is required. If you are not at the meeting to answer any questions the Board may have pertaining to your application/experience, your application will 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 meeting is held in City Council Chambers at 10:00 A.M. the second Tuesday of every month.

4. Individual Qualified Supervisor license applications must be accompanied by full fees.

5. You must submit 12 copies of your contractor license applications, your Qualified Supervisor application and your detailed hands on experience.

The Contractor Licensing Regulations are attached. It is important that you read and become familiar with them.
**CLASS E CONTRACTOR LICENSE APPLICATION ($350)**

**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**

This license is intended to be utilized by a school district or community college as part of an approved curriculum, under the direct supervision of a qualified instructor, relative to the construction industry. State Board of Education accredited educational institution may be granted a Class E, Educational Contractor License with approval of the Board.

**Company Name:** __________________________ Phone# (____) ____________

Written as it will appear on license.

**Physical Address:** ______________________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Mailing Address:** ______________________________________________________

<table>
<thead>
<tr>
<th>Street or P.O. Box</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Contractor Email Address (Optional): ______________________________________**

**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>Title</th>
<th>Address</th>
<th>City/St/Zip</th>
<th>Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Address</th>
<th>City/St/Zip</th>
<th>Phone</th>
</tr>
</thead>
</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. ______________________________

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**Company References**

Any individual or entity, other than a relative, who can give your company 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>
</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)

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**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:

______________________________

As 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: __________________________

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BUILDING SAFETY DEPARTMENT
2101 O’NEIL AVENUE, ROOM 202
CHEYENNE, WYOMING 82001
PHONE: (307) 637-6332 FAX: (307) 637-6366
CLASS E QUALIFIED SUPERVISOR LICENSE APPLICATION ($100)
(Must appear before the Board but is NOT a tested license)

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

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 (Optional: ___________________________

Applicant is Working For: ___________________________

**Practical Experience**
A minimum five (5) years of teaching construction or actual construction experience, an industrial Technology Teaching Certificate and a written recommendation for the CareerTech Education Curriculum Coordinator of the school district or community college. This license is only valid as long as the individual in possession of the license is actively employed by an accredited school district or community college. In addition, permits issued pursuant to the provisions of this license are limited to the construction, alteration, repair or addition of one (1) and two (2) family dwellings. Any plumbing, mechanical, or electrical work that is performed must be under the direct supervision of a properly licensed plumbing, mechanical or electrical contractor and the contractor shall be liable for such work.

Applicant **shall** attach a separate statement and provide whatever 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.

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.

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**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.

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: ____________________________

(Signature) __________________________________________

(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: ____________

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