Submission Requirements For Class A SPECIALTY (1 Time only) Contractor Licenses:

Specialty License.
The Board may grant a onetime only specialty Class A license to a company that is working for a national chain, for a single project. The applicant shall submit a written recommendation from the company and contractor experience verification. The applicant will not be required to wait until the next Board meeting if their application is complete and approved by the Chief Building Official. The Chief Building Official shall conduct a telephone poll of the Board members for their vote. If the application is approved by the Board, their decision shall be ratified at their next regularly scheduled 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).

CLASS A SPECIALTY 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. 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.
3. Individual qualified supervisor License Applications must be accompanied by full fees.

IN ORDER TO APPLY FOR A CLASS A SPECIALTY QUALIFIED SUPERVISOR LICENSE, YOU MUST SUBMIT THE FOLLOWING:

1. You will submit a letter of recommendation from the national chain that you are working for.
2. You will submit written verification of your experience.
3. You will submit the completed City of Cheyenne Class A Qualified Supervisor Application, and fees, to the City of Cheyenne Compliance Department; 2101 O’Neil Avenue, Room Suite 202; Cheyenne, WY 82001.

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

Rev 02/2020
CLASS A SPECIALTY (1 Time only) CONTRACTOR LICENSE APPLICATION ($650)

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 $50.00.

This license entitles the holder to apply for permits for the construction, alteration, or repair of any type or size of structure, provided he/she employs properly licensed sub-contractors for all trades listed in the Contractor Licensing Regulations. This licensee may do any or all the work under the provisions of contractor’s class C and D except Electrical, Plumbing, Refrigeration, HVAC and Fire.

Company Name: ____________________________ Phone# (___) __________

Physical Address: ___________________________________________________________

Mailing Address: ______________________________________________________________

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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<td>Address:</td>
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<td>City/St/Zip:</td>
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<td>City/St/Zip:</td>
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<tr>
<td>Phone:</td>
<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. ______________________________________________________________________
Company References
Any individual or entity, other than a relative, who can give your company a favorable reference.

<table>
<thead>
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<tbody>
<tr>
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<td>City/St/Zip:</td>
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<td>Phone:</td>
<td>Phone:</td>
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</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: ____________________________

Notary Public: ____________________________
My commission expires: ____________________________

State of ____________________________
County of ____________________________
On ____________________________
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.
INCOMPLETE APPLICATIONS WILL BE REJECTED, IF THE BOARD DENIES YOUR LICENSE YOU WILL HAVE TO FILL OUT A NEW APPLICATION AND PAY FOR ANOTHER APPLICATION FEE $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: ___________________________

Class A Applicant is Working For: ___________________________

**Practical Experience**

Applicant **shall** attach a separate statement and provide supporting documentation substantiating in detail, a minimum seven (7) years comprehensive experience related to the construction, alteration and repair of all types and sizes of structures.

**Incomplete Applications will be returned**

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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</tbody>
</table>
**Personal References**

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

<table>
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**COMPLIANCE DEPARTMENT**  
2101 O'NEIL AVENUE, ROOM 202  
CHEYENNE, WYOMING 82001  
PHONE: (307) 637-6265 FAX: (307) 637-6366
**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:  

- Receipt of Contractor Licensing Regulations,  
- This license expires one (1) year from date of issue,  
- 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:  

(Seal)  

***************************************************************  
Office Use Only  
***************************************************************  

Received By:  
Date:  

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

Approved By:  , Chairman  Date:  

COMPLIANCE DEPARTMENT  
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