Submission Requirements For Class C-1 Apprentice Electrical License Application:  
*(NON-TESTED)*

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.
APPRENTICE C-1 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.

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

(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>
<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>
**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:

______________________________

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: ____________________________

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