Submission Requirements For Class C-1 Electrical Journeyman Licenses: (Non Tested)
You must have a valid State license prior to making application for a City license.

ELECTRICAL JOURNEYMAN LICENSE APPLICATIONS

1. All applications must be completed on the forms provided. This license is for the individual who will be working for a company. You must have a valid State license prior to making application for a City license. The application asks for references from individuals or companies which can give a positive reference regarding the individual signing the application.

2. You will submit the completed City of Cheyenne Class C-1 Electrical Journeyman Application, and fees, to the City of Compliance Department, 2101 O’Neil Avenue, Room 202; Cheyenne, WY 82001.

The Contractor Licensing Regulations are attached. It is important that you read and become familiar with them.
CLASS C-1 JOURNEYMAN ELECTRICIAN LICENSE APPLICATION (Non-Tested) ($80)

INCOMPLETE APPLICATIONS WILL BE REJECTED.

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

Applicant’s Name: ____________________________ Phone #: (____)__________

Last Name: ____________________________ First Name: ____________________________ M.I.: ________

Physical Address: ____________________________ Street: ____________________________ City: ____________ State: ________ Zip: ________

Mailing Address: ____________________________ Street or P.O. Box: ____________________________ City: ____________ State: ________ Zip: ________

Applicant Email Address: ____________________________

Licensed C-1 Electrical Applicant is working for: ____________________________

Practical Experience

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

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**

State of  
County of  
On , 20 , personally, appeared before me, whose identity I proved on the basis of:

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: