



CONTRACTOR LICENSING BOARD
NOEL GRIFFITH, CHAIRMAN; M.J. GERTSCH, VICE-CHAIRMAN;
JOE PATTERSON, MAL BURNSIDE, MIKE METZLER, JASON
STEPHEN, MARK ARCHER, BRENT GROESBECK AND PAUL
POMEROY



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: _____)

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.



CONTRACTOR LICENSING BOARD
 NOEL GRIFFITH, CHAIRMAN; M.J. GERTSCH, VICE-CHAIRMAN;
 JOE PATTERSON, MAL BURNSIDE, MIKE METZLER, JASON
 STEPHEN, MARK ARCHER, BRENT GROESBECK AND PAUL
 POMEROY



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 (Optional): _____

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

Company License # _____

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.

Name & Address of Company	<u>Total Time in Years and Months</u>

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)

Office Use Only

Received By: _____ Date: _____

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

Approved By: _____, Chairman Date: _____

License Number: _____ Date issued: _____

