Submission Requirements for Class C-2 Low Voltage Electrical Technician License Application: (Non Tested)

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

You must specify the type of Low Voltage license you are applying for:
Specify type: General – Alarm – Communications: ________________________________

LOW VOLTAGE TECHNICIAN LICENSE APPLICATIONS

1. All applications must be completed on the forms provided. 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 previous employers’ and how long you worked for them on the license application.

The Contractor Licensing Regulations are attached. It is important that you read and become familiar with them.
CLASS C-2 LOW VOLTAGE ELECTRICAL TECHNICIAN LICENSE APPLICATION
(Non-Tested) ($50)
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: __________________________

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.

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<th>Name &amp; Address of Company</th>
<th>Total Time in Years and Months</th>
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Personal References
Any individual other than a relative who can give you a favorable reference.

Name: __________________________
Address: __________________________
City/State/Zip: __________________________
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 ____________________________,
personally, appeared before me, whose identity I proved on the basis of:

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b) This license expires one (1) year from date of issue,  
c) It is my responsibility to renew this license prior to expiration.

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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: ____________________________

COMPLIANCE DEPARTMENT
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CHEYENNE, WYOMING 82001
PHONE: (307) 637-6265 FAX: (307) 637-6366

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