Submission Requirements For Class C-3 Limited Electrical Technician License Application: 
(Non-Tested)

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

You must specify the type of limited electrical license you are applying for:

Specify type: Elevators; Signs; Light Fixtures; HVAC: ________________________________

LIMITED ELECTRIC 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-3 LIMITED ELECTRICAL TECHNICIAN LICENSE APPLICATION ($50)

INCOMPLETE APPLICATIONS WILL BE REJECTED.

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

Specify type: Elevators; Signs; Light Fixtures; HVAC:

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 Applicant is working for: __________________________

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/St/Zip: __________________________

Phone: __________________________

Name: __________________________

Address: __________________________

City/St/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 ________________, 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)

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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: ____________________________