

CLASS D LICENSE CATEGORIES

INDIVIDUAL LICENSES REQUIRED FOR EACH CATEGORY

- (1) ACOUSTICAL CEILINGS
- (2) ASBESTOS ABATEMENT. APPLICANTS FOR ASBESTOS ABATEMENT LICENSES ARE REQUIRED TO SUBMIT CURRENT AHERA CERTIFICATION. (INSULATION IS UNDER A SEPARATE LICENSE)
- (3) AWNINGS/PATIO COVERS--INSTALLATION OF PRE-MANUFACTURED AWINGS & PATIO COVERS, INCLUDING STRUCTURAL SUPPORT. (THIS LICENSE DOES NOT APPLY TO WOOD FRAME PATIO COVERS-SEE C-1 FRAMING) CANNOT DO CARPORTS
- (4) BITUMINOUS OPERATIONS
- (5) BUILDING MOVING
- (6) CAULKING & WEATHER RESISTANT SEALANT
- (7) CERTIFICATION OF BACKFLOW PREVENTION DEVICES (TESTING AND CERTIFICATION ONLY - MUST POSSESS CURRENT BACKFLOW PREVENTION CERTIFICATION)
- (8) CHIMNEY RE-LINING
- (9) CONCRETE CORING
- (10) CONCRETE POLISHING, COLORING, STAINING, SEALING, ETC.
- (11) CONCRETE STABILIAZTION
- (12) CONSTRUCTION OF SPORTS SURFACES (INTERIOR & EXTERIOR)
- (13) COUNTER TOPS
- (14) DECORATIVE GAS APPLIANCES THE INSTALLER MUST BE CERTIFIED, AND THE COMPANY MUST BE APPROVED, BY THE MANUFACTURER FOR EACH BRAND INSTALLED. PROOF OF CERTIFICATION MUST BE PRESENTED AT TIME OF LICENSE APPLICATION. (INSTALLATION & VENTING OF DECORATIVE GAS APPLIANCES I.E.: GAS LOGS. GAS PIPING AND ELECTRICAL MUST BE PERFORMED BY PROPERLY LICENSED PLUMBING AND ELECTRICAL CONTRACTORS, RESPECTIVELY.)
- (15) DEMOLITION
- (16) DEMOUNTABLE WALLS
- (17) EARTHWORK (EXCAVATION-GRADING-TRENCHING-HORIZONTAL BORING) (ALSO

COMPLIANCE DEPARTMENT
2101 O'NEIL AVENUE, ROOM 202
CHEYENNE, WYOMING 82001
PHONE: (307) 637-6265 FAX: (307) 637-6366

INCLUDES UNDERGROUND CABLE TV, AND SEPTIC SYSTEM WITH HEALTH DEPARTMENT CERTIFICATION.) CAN DO PERIMETER DRAINS

- (18) EQUIPMENT INSTALLATION (COMMERCIAL KITCHEN, SHOP/MANUFACTURING) (MAY INCLUDE AIR/HYDRAULIC LINES)
- (19) EXTERIOR WOOD TREATMENT (CAULK, BRICK & SIDEWALKS)
- (20) FENCING (ALL TYPES)
- (21) FINISH CARPENTRY (TRIM, DOORS-CABINETS)
- (22) FLOOR-WALL COVERING (TILE-CARPET-PARQUET-WOOD FLOOR)
- (23) FOUNDATION WATERPROOFING
- (24) GARAGE DOORS, OVERHEAD ROLLING DOORS AND GRILLS (INCLUDES OPENER IF ELECTRICAL IS PROVIDED BY LICENSED ELECTRICIAN)
- (25) GENERAL LANDSCAPING (SOD-TREES-LANDSCAPE-DECORATIVE WALLS-LAWN SPRINKLERS) CANNOT DO BACKFLOW UNLESS CERTIFIED) CANNOT DO ANY RETAINING WALLS OR WALLS THAT ARE STRUCTURAL.
- (26) GLAZING (GLASS-METAL FRAME) (INCLUDES GLASS STORE FRONTS AND GLASS DOORS)
- (27) GREENHOUSES, SUN-ROOMS (PRE-MANUFACTURED COMPONENTS ONLY)
- (28) GYPCRTE INSTALLER
- (29) INSULATION (BUILDING-DUCT WORK-PIPES)
- (30) LIGHTNING PROTECTION
- (31) MEDICAL GAS
- (32) MEDICAL GAS CONTRACTOR
- (33) METAL STUDS ONLY (NON-STRUCTURAL)
- (34) MOBILE HOME SKIRTING
- (35) NON-ELECTRICAL SIGNS (INSTALL ELECTRICAL SIGN, ELECTRICIANS DO THE ELECTRICAL WORK, 2 SEPARATE PERMITS.)
- (36) OVERHEAD CABLE TV (IN CITY ROW)
- (37) PAINTING AND WALLPAPER
- (38) PARKING LOT STRIPING
- (39) PERIMETER DRAIN/SUMP PUMP INSTALL -CAN DO EXCAVATION

- (40) PIPEFITTING
- (41) PIPEFITTING CONTRACTOR
- (42) PLASTER/STUCCO
- (43) PLAYGROUND/CHALLENGE COURSE EQUIPMENT
- (44) PRE-MANUFACTURED SHEDS, PLAYHOUSES AND SIMILAR STRUCTURES (NOT TO EXCEED 200 SQ FT AND NOT TO INCLUDE GARAGES)
- (45) REINFORCING REBAR
- (46) RIGHT OF WAY
- (47) SAND BLASTING
- (48) SATELLITE DISH
- (49) SEAL COATING
- (50) SEWER AND DRAIN CLEANING
- (51) SIDING/WINDOWS (SIDING INSTALLATION-REPLACEMENT WINDOWS-GUTTERS-NON-STRUCTURAL, DOORS)
- (52) SPECIAL DOORS - REVOLVING, SLIDING, POWER-OPERATED (TO INCLUDE GLASS)
- (53) SPRAYED ON FIRE PROOFING
- (54) STREET CRACK SEAL
- (55) SWIMMING POOLS
- (56) TESTING AND CERTIFICATE OF GAS FIRED HEATING APPLIANCES
- (57) UNDERGROUND RECOVERY SYSTEMS (RADON AND OTHER GASES)
- (58) WELDER
- (59) WELDER CONTRACTOR
- (60) WELL DRILLING
- (61) WHEELCHAIR LIFTS/VERTICAL AND INCLUDES PLATFORMS
- (62) WOOD DECK (PRE-BUILT DECKS) - STICK BUILT DECKS MAY REQUIRE A FRAMING EXAM AT THE DISCRETION OF THE BOARD



CONTRACTOR LICENSING BOARD

M.J. GERTSCH, CHAIRMAN; JASON STEPHEN, VICE-CHAIRMAN.
JOE PATTERSON, BRIAN CASEY, MARK ARCHER, BRENT
GROESBECK, PAUL POMEROY,
AND DENNIS HUMPHREY

Submission Requirements For Class D (Non-tested) Contractor Licenses:

CONTRACTOR LICENSE APPLICATIONS

1. All applications must be completed on the forms provided. The Contractor License Application is for the company. This application asks for company references from persons or companies your company has done business with, i.e. supply houses, lumber companies, customers, etc.
2. Contractor License Applications must be accompanied by the following items:
 - a. Full fees must be paid at the time of application
 - b. A certificate of general commercial liability insurance showing the City of Cheyenne Compliance Department as a **certificate holder only**, **not** as an “additional insured”.
 - c. **ALL CONTRACTORS WITH EMPLOYEES** must also submit proof of registration with Division of Worker’s compensation in the Department of Workforce Services of the State of Wyoming (307-777-6763)

QUALIFIED SUPERVISOR LICENSE APPLICATIONS

1. All applications must be completed on the forms provided. This license is for the individual(s) who will be the **qualified supervisor** for the company. Every company is required to have at least one qualified supervisor. 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 your personal HANDS ON experience. You need to provide detailed hands on field experience and specific type of work you have actually performed.** List specific jobs and what you did on those jobs
3. You will submit the completed City of Cheyenne Class D Qualified Supervisor application, **and fees**, to the City of Cheyenne Building 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.

COMPLIANCE DEPARTMENT
2101 O’NEIL AVENUE, ROOM 202
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CLASS D CONTRACTOR LICENSE APPLICATION (\$250)

INCOMPLETE APPLICATIONS WILL BE REJECTED

This license entitles the holder to apply for permits to perform the work described as Class D in the Contractor Licensing Regulations. If an applicant wishes to engage in more than one activity, a separate license must be procured for each activity.

SPECIFY CATEGORY CLASS D LICENSE APPLIED FOR: _____

Company Name: _____ **Phone#** (____) _____
Written as it will appear on license.

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street or P.O. Box City State Zip

Contractor Email Address: _____

Name of Qualified Supervisor: _____

Corporate Status

Individual/Sole Proprietor Partnership Corporation LLC

Company Officers

List the full name, title, **home address**, and phone number for each corporate officer.

Name:	Name:
Title:	Title:
Address:	Address:
City/St/Zip:	City/St/Zip:
Phone:	Phone:
Name:	Name:
Title:	Title:
Address:	Address:
City/St/Zip:	City/St/Zip:
Phone:	Phone:

Questionnaire

- 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 ___
- As the applicant, are you familiar with the applicable Building and related codes adopted by the City of Cheyenne? Yes ___ No ___
- Have you ever had a construction related license in another jurisdiction? Yes ___ No ___
If yes, list type of license, date, and jurisdiction. _____
- Have you ever been denied a license? Yes ___ No ___
If yes, give reason for denial, date, and jurisdiction. _____
- Have you ever had a construction related license suspended or revoked? Yes ___ No ___
If yes, give reason for suspension or revocation, date, and jurisdiction. _____

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Company References

Any individual or entity, other than a relative, who can give your company a favorable reference.

Name:	Name:
Address:	Address:
City/St/Zip:	City/St/Zip:
Phone:	Phone:

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.

Do you have employees? _____
(If yes, you need to register with Wyoming Workers’ Comp. Contact at 307-777-6763)

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: _____



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AND DENNIS HUMPHREY

CLASS D QUALIFIED SUPERVISOR LICENSE APPLICATION (\$100) *(Non-tested)*

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: _____

Licensed D Applicant is working for: _____

Specify license category applied for: _____

Practical Experience

Applicant **shall** attach a separate statement and provide supporting documentation substantiating in detail, a minimum one (1) year practical experience directly related to the license category applied for.

(Refer to submission requirements for additional information.)

You must complete the following information in addition to attaching your statement of experience.

Name & Address of Companies you worked for.	Total Time you worked for them in: Years and Months

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.

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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: _____



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MARK WALTER, JOE PATTERSON, MAL BURNSIDE, MIKE
METZLER, JASON STEPHEN, MARTY CROWE, MARK ARCHER



License Number:

Date issued:

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