



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 S (Non-Tested) Building Material Supplier 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)

MATERIALS SUPPLIER QUALIFIED CONSTRUCTION PROJECT COORDINATOR LICENSE APPLICATIONS

1. All applications must be completed on the forms provided. This license is for the individual(s) who will be the **Materials Supplier Qualified Construction Project Coordinator** for the company. Every company is required to have at least one Materials Supplier Qualified Construction Project Coordinator. 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.** List practical experience coordinating construction activities.
3. Individual Materials Supplier Qualified Construction Project Coordinator license applications must be accompanied by full fees.

The Contractor Licensing Regulations are attached. It is important that you read and become familiar with them.



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CLASS S BUILDING MATERIAL SUPPLIER LICENSE APPLICATION (\$350)

INCOMPLETE APPLICATIONS WILL BE REJECTED.

This license entitles the holder to hire and oversee the work of properly licensed class C (except for electrical, plumbing, HVAC and F licenses) and class D contractors when working in conjunction with a properly licensed contractor or homeowner in possession of a valid building permit. This license may only be issued to a company in the business of supplying building materials. The holder of this license is not permitted to perform construction related activities and is not permitted to obtain building permits. This license shall not be construed as allowing the holder thereof to construct an entire structure, but only hire and oversee subcontractors for specific portions of the project. **The holder of this license must employ at all times, in an active full time capacity, a class S qualified construction project coordinator with a valid license.**

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

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 adopted by the City of Cheyenne? Yes ___ No ___
3. Have you ever had a construction related license in another jurisdiction? Yes ___ No ___
 If yes, list type of license, date, and jurisdiction. _____
4. Have you ever been denied a license? Yes ___ No ___
 If yes, give reason for denial, date, and jurisdiction. _____
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. _____

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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CLASS S BUILDING MATERIALS SUPPLIER QUALIFIED CONSTRUCTION PROJECT COORDINATOR 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 : _____

Applicant is working for: _____

Practical Experience

A minimum two (2) years practical experience coordinating construction activities. Applicant **shall** attach a separate statement and provide whatever documentation necessary to demonstrate applicant has satisfied the minimum requirements. (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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(Printed): _____

Applicant’s
Signature: _____

Applicant acknowledges:
 a) Receipt of Contractor Licensing Regulations,
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Date: _____

State of _____

County of _____

On _____, 20____, _____
personally, appeared before me, whose identity I
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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:
