



## CONTRACTOR LICENSING BOARD

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

### **Submission Requirements For *Class A SPECIALTY* (1 Time only) Contractor Licenses:**

#### **Specialty License.**

The Building Official may grant a **one time only** specialty Class A license to a company that is **working for a national chain, for a single project**. The applicant shall submit a written recommendation from the company and contractor experience verification.

#### **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 Building Safety 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) “Good Standing Letter”.

#### **CLASS A SPECIALTY 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. Individual qualified supervisor License Applications must be accompanied by full fees.

IN ORDER TO APPLY FOR A **CLASS A SPECIALTY QUALIFIED SUPERVISOR LICENSE**, YOU MUST SUBMIT THE FOLLOWING:

1. You will submit a letter of recommendation from the national chain that you are working for.
2. You will submit written verification of your experience.
3. You will submit the completed City of Cheyenne Class A Qualified Supervisor Application, **and fees**, to the City of Cheyenne Complaints Department; 2101 O’Neil Avenue, Room Suite 202; Cheyenne, WY 82001.

**The Contractor Licensing Regulations are found at [www.cheyennecity.org](http://www.cheyennecity.org), it is important that you read and become familiar with them.**



**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, 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: \_\_\_\_\_

**Class A Specialty (1 time only) Qualified Supervisor License Application – (\$100)**



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***INCOMPLETE APPLICATIONS WILL BE REJECTED, IF YOUR LICENSE IS DENIED, YOU WILL HAVE TO FILL OUT A NEW APPLICATION AND PAY FOR ANOTHER APPLICATION FEE \$50.00***

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 (Optional): \_\_\_\_\_

Class A Applicant is Working For: \_\_\_\_\_

### **Practical Experience**

Applicant **shall** attach a separate statement and provide supporting documentation substantiating in detail, a minimum seven (7) years comprehensive experience related to the construction, alteration and repair of all types and sizes of structures.

**Incomplete Applications will be returned**

**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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