



Building Safety Division  
2101 O'Neil Avenue, 2<sup>nd</sup> Floor  
Cheyenne, WY 82001 Ph, 307-637-6265  
Email: [building@cheyennecity.org](mailto:building@cheyennecity.org)

**CONTRACTOR LICENSING BOARD**  
CHAIRMAN-JASON STEPHEN, VICE CHAIRMAN- PAUL POMEROY  
JOE PATTERSON, BRIAN CASEY, MARK ARCHER, CHANDLER  
CARROLL, DENNIS HUMPHREY, JASON POWELL  
AND RYAN GERTSCH

**Submission Requirements For Class C-1 Apprentice License: *(Non Tested)***  
***(Plumbing, HVAC, Refrigeration)***

**APPRENTICE LICENSE APPLICATIONS**

1. All applications must be completed on the form provided.
2. Individual Apprentice License Applications must be accompanied by full fees.
3. All apprentices must be working for a currently licensed contractor in good standing with the City of Cheyenne, Building Safety Department.

The Contractor Licensing Regulations can be found at [www.cheyennecity.org](http://www.cheyennecity.org). It is important that you read and become familiar with them.



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**CLASS C-1 APPRENTICE LICENSE APPLICATION (\$20) (Non-tested)**  
**(Plumbing, HVAC, Refrigeration,)**  
**INCOMPLETE APPLICATIONS WILL BE REJECTED.**

Specify type of Apprentice License: (Plumbing, HVAC, Refrigeration) \_\_\_\_\_

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**

(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.**

If for any reason you do not obtain a license, you must submit a written request for a refund within sixty (60) days of disapproval 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; \_\_\_\_\_(mo.) (day), 20 (yr.),

\_\_\_\_\_;  
personally appeared before me, whose identity I confirmed by means of,

\_\_\_\_\_ and, is known to be the signor of this instrument.

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: \_\_\_\_\_