



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 Electrical Journeyman Licenses: (Non-Tested)
You must have a valid State license prior to making an application for a City license.

ELECTRICAL JOURNEYMAN LICENSE APPLICATIONS

1. All applications must be completed on the forms provided. This license is for the individual who will be working for a company. **You must have a valid State license prior to applying for a City license.** The application asks for references from individuals or companies which can give a positive reference regarding the individual signing the application.
2. You will submit the completed City of Cheyenne Class C-1 **Electrical Journeyman** Application, **and fees**, to the City of Cheyenne Compliance Department, 2101 O'Neil Avenue, Room 202; Cheyenne, WY 82001.

The Contractor Licensing Regulations are found at www.cheyennecity.org. It is important that you read and become familiar with them.



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CLASS C-1 JOURNEYMAN ELECTRICIAN LICENSE APPLICATION (Non-Tested) (\$80)

INCOMPLETE APPLICATIONS WILL BE REJECTED.

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

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 C-1 Electrical Applicant is working for: _____

Practical Experience

You need to show who you have worked for and how long you worked below. (Refer to submission requirements for additional information). **You must have a valid State license prior to making an application for a City license.**

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 _____, 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: _____