



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-2 Low Voltage Electrical Contractor, Qualified Supervisor Licences: (Non Tested)

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

You must specify the type of Low Voltage license you are applying for:

General – Alarm – Communications: circle one or write in here: _____

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), “Good Standing Letter”.

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

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**. **You must have a valid State license prior to making an application 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 need to provide a detailed list of previous employers’ and how long you worked for them on the license application.**
3. You will submit the completed City of Cheyenne Class C-2 **Qualified Supervisor** 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-2 LOW VOLTAGE ELECTRICAL CONTRACTOR LICENSE APPLICATION

(Non-Tested) (\$250)

This license entitles the holder to apply for permits to perform the work described in the Contractor Licensing Regulations under one of the electrical low voltage classifications. **You must have a valid State license prior to making an application for a City license. INCOMPLETE APPLICATIONS WILL BE REJECTED.**

Specify type: General – Alarm – Communications: _____

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. _____

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 disapproval 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 C-2 LOW VOLTAGE ELECTRICAL QUALIFIED SUPERVISOR LICENSE APPLICATION

(Non-Tested) (\$100)

You must have a valid State license prior to making application for a City license. *INCOMPLETE APPLICATIONS WILL BE REJECTED.*

Specify type: General – Alarm – Communications: _____

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-2 Low Voltage Electrical Applicant is working for: _____

Company License # _____

Practical Experience

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

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(Printed): _____

Applicant's
Signature: _____

Applicant acknowledges:

- a) Receipt of Contractor Licensing Regulations,
- b) This license expires one (1) year from date of issue,
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Date: _____

State of _____
County of _____
On _____, 20____,
personally appeared before me, whose identity I
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Received By: _____ Date: _____

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Approved By: _____, Chairman Date: _____

License Number: _____ Date issued: _____

