

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-3Apprentice Limited Electrical License Application (NON-TESTED)

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

You must specify the type of limited electrical license you are applying for:

Elevators; Signs; Light Fixtures; HVAC:	

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 properly licensed contractor.
- 4. Applicants for an electrical apprentice license must first obtain a State electrical apprentice license.

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-3 APPRENTICE LIMITED ELECTRICAL LICENSE APPLICATION (\$20) (Non-tested)

INCOMPLETE APPLICATIONS WILL BE REJECTED.

Specify type: Elevat	tors; Signs; Light F	ixtures; HVAC			
Applicant's Name:				_Phone #: ()
-ppiredire s i (direct_	Last	First	M.I.		/
hysical Address:					
Joiling Address.	Street		City	State	Zip
Mailing Address:	Street or P.O. Box		City	State	Zip
Applicant Email Ac	ldress:				
rr	· · · · · · · · · · · · · · · · · · ·				
pplicant is workin	g for:				
	the following inform	mation in addit		our statement o	
		mation in addit	ion to attaching y		nem in:
	the following inform	mation in addit	ion to attaching y	our statement o	nem in:
	the following inform	mation in addit	ion to attaching y	our statement o	nem in:
	the following inform	mation in addit	ion to attaching y	our statement o	nem in:
	the following inform	mation in addit	Total Time you	our statement o	nem in:
Name & Add	the following inform	mation in addit	Total Time years Years	our statement o ou worked for th and Month	nem in:
Name & Add	the following information of Companies y	mation in addit	Total Time years Years	our statement o ou worked for th and Month	nem in:
Name & Add	the following information of Companies y	Personal Ref	Total Time you Years Cerences can give you a far	our statement o ou worked for th and Month	nem in:

Ques	<u>tionnaire</u>						
1.	As the applicant, are you familiar with the Che are involved with this type of license and feel t						
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 If yes, state date, reason and jurisdiction of der						
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.						
knowl	pplicant, hereby certify that the statements in edge and belief. I understand that false stater ds for denial or revocation of a license.						
	any reason, you do not obtain a license, you mus roval or forfeit all fees.	t submit a written request	for a refund w	ithin sixty (60) days of			
TO BE SIGNED IN THE PRESENCE OF NOTARY		State of County of					
			, 20 ,				
Applicant's Name: (Printed):		personally appear	red before me,	whose identity I			
Applic		1					
Signat		to be the signor o	f this instrume	nt, and he/she			
	ant acknowledges: ceipt of Contractor Licensing Regulations,	acknowledged th					
b) Th c) It is	is license expires one (1) year from date of issue, s my responsibility to renew this license prior to	Notour Dublic					
ехр	iration.		Notary Public: My commission expires:				
Date:		Wry Commission (Aprics.				
			(2)	Seal)			
****	*************	********	********	** ****			
	<u>Offic</u>	ee Use Only					
Rece	ived By:		Date:				
FEE	PAID []Cash []Check (No.)	[]Credit Card	Amount:	Receipt No.:			
Appr	oved By:	,Chairman		Date:			
Licer	nse Number:	Date issued:					
-1001	100 1 101110 011	Date Issued.					

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