

## 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-3 Limited Electrical Technician 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:

Specify type:	<b>Elevators</b> ; Signs;	<b>Light Fixtures; HVAC</b>	<u> </u>
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#### LIMITED ELECTRIC TECHNICIAN LICENSE APPLICATIONS

- 1. All applications must be completed on the forms provided. 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.

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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# <u>CLASS C-3 LIMITED ELECTRICAL TECHNICIAN LICENSE APPLICATION</u> (\$50)

INCOMPLETE APPLICATIONS WILL BE REJECTED.

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

Specify type: Elevators; Signs; Light Fixtures; HVAC:

Applicants Name:			PHONE# (	)	
Last	First	Middle			
Physical Address:					
	Street	City	State	Zip	
Mailing Address:	Street or P.O. Box				
	Street or P.O. Box	City	State	Zip	
Applicant Email Address	::				
Licensed Applicant is wo	rking for:				
Company License #					
	Practice	al Experience	2		
You need to show who you requirements for additional application for a City licer	<u>l information</u> ). You n				
	Incomplete app	olications will b	oe returned.		
Name	e & Address of		Total Time i	n	
	Company		Years and Month		
	T 7				
		+			
		nal Referenc			
Any indivi	idual other than a relat	tive who can giv	ve you a favorable ref	erence.	
Name:		Name:			
Address:		Address:			
City/St/Zip:	· · ·				
Phone:		Phone:			

Quest	tionnaire					
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					
knowle	oplicant, hereby certify that the statements in edge and belief. I understand that false statents for denial or revocation of a license.			-		
	any reason, you do not obtain a license, you must oval or forfeit all fees.	submit a written reque	est for a refund w	ithin sixty (60) days of		
то ве	SIGNED IN THE PRESENCE OF NOTARY	State of				
		County of	On , 20 ,			
Applicant's Name: (Printed):		personally appe	personally appeared before me, whose identity I proved on the basis of:			
Applica		proved on the c	<b></b>			
Signatu		to be the signor	to be the signor of this instrument, and he/she			
	nt acknowledges: eipt of Contractor Licensing Regulations,	acknowledged	acknowledged that he/she signed it.			
<ul><li>b) This</li><li>c) It is</li></ul>	s license expires one (1) year from date of issue, my responsibility to renew this license prior to ration.	Notary Public:				
САРІ	ration.	My commission	n expires:			
Date:		<u> </u>				
			(S	Seal)		
*****	**************************************	********** <u>e Use Only</u>	******	*******		
<u> </u>						
Receiv	ved By:		Date:			
FEE F	PAID [ ]Cash [ ]Check (No.)	[ ]Credit Card	Amount:	Receipt No.:		
Annro	oved By:	,Chairman		Date:		
rippic	TOU Dy.	,Ciiaii iiiaii		Date.		

License Number:

Date issued: