

### 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

# <u>Submission Requirements for Class D (Non-tested) Contractor Licenses:</u> 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 <u>WITH EMPLOYEES</u> must also submit proof of registration with the Division of Worker's compensation in the Department of Workforce Services of the State of Wyoming (307-777-6763). "Good Standing Letter".

### **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. 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 your personal HANDS-ON experience. You need to provide detailed hands-on field experience and specific type of work you have actually performed. List specific jobs and what you did on those jobs.
- 3. You will submit the completed City of Cheyenne Class D 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 D CONTRACTOR LICENSE APPLICATION (\$250)

INCOMPLETE APPLICATIONS WILL BE REJECTED

This license entitles the holder to apply for permits to perform the work described as Class D in the Contractor Licensing Regulations. If an applicant wishes to engage in more than one activity, a separate license must be procured for each activity.

| SPECIFY CATEG         | ORY CLASS D LIC  | CENSE APPLI      | ED FOR:       |              |              |                    |  |
|-----------------------|--|------------------|---------------|--------------|--------------|--------------------|--|
| <b>Company Name:</b>  | Phone# ( )   |                  |               |              |              |                    |  |
| _                     | Written as it will appe  | ar on license.   |               |              | \ <u></u>    |                    |  |
| Physical Address:     |  |                  |               |              |              |                    |  |
| Mailing Addmaga.      | Street   | City             |               | State        | Zip          |                    |  |
| Mailing Address:_     | Street or P.O. Box   | City             |               | State        | Zip          |                    |  |
| Contractor Email      | Address:   |                  |               |              |              |                    |  |
| Name of Qualified     | Supervisor:  |                  |               |              |              |                    |  |
|                       |  | <b>Corporate</b> | <b>Status</b> |              |              |                    |  |
| [ ] Individ           | ual/Sole Proprietor  | [ ] Partne       | rship         | [ ] Corpo    | oration      | [ ]LLC             |  |
|                       |  | Company (        | Officers      |              |              |                    |  |
| List the full name, t | itle, <u>home address</u> , a  | nd phone numb    | er for each   | corporate    | officer.     |                    |  |
| Name:                 |  | 1                | Vame:         |              |              |                    |  |
| Title:                |  | 7                | Title:        |              |              |                    |  |
| Address:              |  | I                | Address:      |              |              |                    |  |
| City/St/Zip:          |  | (                | City/St/Zip:  |              |              |                    |  |
| Phone:                |  | I                | Phone:        |              |              |                    |  |
|                       |  |                  |               |              |              |                    |  |
| Name:                 |  | 1                | Name:         |              |              |                    |  |
| Title:                |  |                  | Title:        |              |              |                    |  |
| Address:              |  | I                | Address:      |              |              |                    |  |
| City/St/Zip:          |  | (                | City/St/Zip:  |              |              |                    |  |
| Phone:                |  | I                | Phone:        |              |              |                    |  |
|                       |  | Question         | naire         |              |              |                    |  |
| 1. As the application | ant, are you familiar wi   |                  |               | Licensing Re | egulations a | and Ordinance that |  |
|                       | are involved with this type of license and feel that you can comply with them? Yes No                |                  |               |              |              |                    |  |
| * *                   | he applicant, are you familiar with the applicable Building and related codes adopted by the City of |                  |               |              |              |                    |  |
|                       | Yes No   |                  |               |              |              |                    |  |
|                       | Have you ever had a construction related license in another jurisdiction? Yes No                     |                  |               |              |              |                    |  |
|                       | If yes, list type of license, date, and jurisdiction   |                  |               |              |              |                    |  |
| •                     |  |                  |               |              |              |                    |  |
|                       | reason for denial, date, and jurisdiction  |                  |               |              |              |                    |  |
|                       | e reason for suspension or revocation, date, and jurisdiction.                                       |                  |               |              |              |                    |  |

<u>Company References</u>

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 knowledge and belief. I understand that false statement grounds for denial or revocation of a license.  If, for any reason, you do not obtain a license, you must surdisapproval or forfeit all fees. |   |  |  |
| Do you have employees? (If yes, you need to register with Wyoming Workers' Comp. Co   | ontact at 307-777-6763)                         |  |  |
| TO BE SIGNED IN THE PRESENCE OF NOTARY  | State of  |  |  |
|   | County of                                       |  |  |
| Applicant's Name:   | On , 20 ,                                       |  |  |
| (Printed):  | personally appeared before me, whose identity I |  |  |
| Applicant's   | proved on the basis of:                         |  |  |
| Signature:  | to be the signor of this instrument, and he/she |  |  |
| Applicant acknowledges:   | acknowledged that he/she signed it.             |  |  |
| <ul><li>a) Receipt of Contractor Licensing Regulations,</li><li>b) This license expires one (1) year from date of issue,</li></ul>  | deknowledged that he/she signed it.             |  |  |
| c) It is my responsibility to renew this license prior to   | Notary Public:                                  |  |  |
| expiration.   | My commission expires:                          |  |  |
| Date:   | (Seal)  |  |  |
|   | (Setti)   |  |  |
| Office Use Only   |   |  |  |
| Received By:  | Date:   |  |  |
| FEE PAID [ ]cash [ ]check (No.) [ ] credit card   | Amount: Receipt No.:                            |  |  |
|   |   |  |  |
| Approved By:  | , Chairman Date:                                |  |  |
|   |   |  |  |
| License Number:   | Date Issued:                                    |  |  |

## CLASS D QUALIFIED SUPERVISOR LICENSE APPLICATION (\$100) (Non-tested)

### INCOMPLETE APPLICATIONS WILL BE REJECTED

This license entitles the holder to apply for permits to perform the work described as Class D in the Contractor Licensing Regulations. If an applicant wishes to engage in more than one activity, a separate license must be procured for each activity.

| Applicant's Name                     | :           |  |  | Phone #: (   |                               |  |
|--------------------------------------|-------------|--|--|--|-------------------------------|--|
|                                      | Last        | First  | M.I.   | · · · · · · · · · · · · · · · · · · ·                          |                               |  |
| Physical Address:                    |             |  |  |  |                               |  |
| Mailing Addragg.                     | Street      |  | City   | State  | Zip                           |  |
| Mailing Address:                     | Street or I | P.O. Box   | City   | State  | Zip                           |  |
| Applicant Email A                    | Address:    |  |  |  | _                             |  |
| Licensed D Applicant is working for: |             |  | L  | License #  |                               |  |
| Specify license cat                  | egory appli | ed for:  |  |  |                               |  |
|                                      |             | cai experience direc   | rtly related to the licen  | se category anniied  | tor                           |  |
| You must complet                     | (Refer to   | submission require   | ements for additional is addition to attaching ed for.  Total Time Year  | nformation.)  g your statement o  you worked for th            | f experience.<br>nem in:      |  |
| You must complet                     | (Refer to   | o submission require   | ements for additional i<br>addition to attaching<br>ed for. Total Time   | nformation.)  g your statement o  you worked for th            | f experience.<br>nem in:      |  |
| You must complet                     | (Refer to   | o submission required ing information in mpanies you work  | addition to attaching ed for. Total Time Year  | nformation.)  g your statement o  you worked for th            | f experience.<br>nem in:      |  |
| You must complete Name & Ad          | (Refer to   | o submission required ing information in mpanies you work of the management of the m | ements for additional i<br>addition to attaching<br>ed for. Total Time   | nformation.) g your statement o you worked for th rs and Month | f experience.<br>nem in:<br>s |  |
| You must complete Name & Ad          | (Refer to   | o submission required ing information in mpanies you work of the management of the m | addition to attaching to additional in addition to attaching to attaching the desired for.  Total Time Year and References at References at the who can give you a   | nformation.) g your statement o you worked for th rs and Month | f experience.<br>nem in:<br>s |  |
| You must complete Name & Ad          | (Refer to   | o submission required ing information in mpanies you work of the management of the m | addition to attaching to a track  | nformation.) g your statement o you worked for th rs and Month | f experience.<br>nem in:<br>s |  |
| You must complete Name & Ad          | (Refer to   | o submission required ing information in mpanies you work of the management of the m | addition to attaching to attaching to attaching the deferences of the second se | nformation.) g your statement o you worked for th rs and Month | f experience.<br>nem in:<br>s |  |

| <u>Que</u><br>1.       | As the applicant, are you familiar with the Cheyenr  | ne Contractor Licensing R   | egulations and Ordinance that |  |  |  |
|------------------------|--|---|-------------------------------|--|--|--|
|                        | are involved with this type of license and feel that y   | you can comply with then  | n? Yes No                     |  |  |  |
| 2.                     | As the applicant, are you familiar with the applicable Building and Related Codes required to apply for this   |   |                               |  |  |  |
| 3.                     | license? Yes No<br>Have you ever had a construction related license in another jurisdiction? Yes No  |   |                               |  |  |  |
| 5.                     | If yes, list the location and the type of license. (Sub  |   |                               |  |  |  |
|                        | them.)   | and copies of the needses   | n you have                    |  |  |  |
|                        | ·  |   |                               |  |  |  |
| 4.                     | Have you ever been denied a license? Ves N   | <br>No  |                               |  |  |  |
| ••                     | 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 su  | spended or revoked? Ye  | s No                          |  |  |  |
|                        | If yes, give reason for suspension or revocation dat   | _   |                               |  |  |  |
| knov<br>grou<br>If, fo | the applicant, hereby certify that the statements in wledge and belief. I understand that false statement ands for denial or revocation of a license.  or any reason, you do not obtain a license, you must subproval of the Board's action or forfeit all fees. | ts or willful omission of p   | pertinent information will be |  |  |  |
| ТО Е                   | BE SIGNED IN THE PRESENCE OF NOTARY  | State of  |                               |  |  |  |
| 101                    |  | County of   |                               |  |  |  |
|                        |  |   | ,                             |  |  |  |
|                        | licant's Name:   | personally appeared before me, whose identity I                                     |                               |  |  |  |
| (Prin                  | ·  | proved on the basis o   | f:                            |  |  |  |
|                        | icant's<br>ature:  |   |                               |  |  |  |
| Appli                  | cant acknowledges:   | to be the signor of this instrument, and he/she acknowledged that he/she signed it. |                               |  |  |  |
| b) T<br>c) It          | Receipt of Contractor Licensing Regulations, This license expires one (1) year from date of issue, It is my responsibility to renew this license prior to Expiration.  | Notary Public:  | or signed it.                 |  |  |  |
|                        |  | My commission expi  | res:                          |  |  |  |
| Date                   | <u>:</u>   |   |                               |  |  |  |
|                        |  |   | (Seal)                        |  |  |  |
|                        |  | Ise Only  |                               |  |  |  |
| Kec                    | reived By:   | D   | ate:                          |  |  |  |
| FEI                    | E PAID [ ]cash [ ]check (No.) [ ] credit card  | Amount:   | Receipt No.:                  |  |  |  |
| Anı                    | proved By:   | , Chairman  | Date:                         |  |  |  |
| <u> P</u>              |  | , viimiiiiiiiii   | <i>D</i>                      |  |  |  |
| Lio                    | ense Number:   | Date issued:  |                               |  |  |  |
|                        | chise i vuilibei.  | Date Issueu.  |                               |  |  |  |

# **CLASS D LICENSE CATEGORIES**

### INDIVIDUAL LICENSES REQUIRED FOR EACH CATEGORY

- (1) ACOUSTICAL CEILINGS
- (2) ASBESTOS ABATEMENT. APPLICANTS FOR ASBESTOS ABATEMENT LICENSES ARE REQUIRED TO SUBMIT CURRENT AHERA CERTIFICATION. (INSULATION IS UNDER A SEPARATE LICENSE)
- (3) AWNINGS/PATIO COVERS--INSTALLATION OF PRE-MANUFACTURED AWINGS & PATIO COVERS, INCLUDING STRUCTURAL SUPPORT. (THIS LICENSE DOES NOT APPLY TO WOOD FRAME PATIO COVERS-SEE C-1 FRAMING) CANNOT DO CARPORTS
- (4) BITUMINOUS OPERATIONS
- (5) BUILDING MOVING
- (6) CAULKING & WEATHER RESISTANT SEALANT
- (7) CERTIFICATION OF BACKFLOW PREVENTION DEVICES (TESTING AND CERTIFICATION ONLY MUST POSSESS CURRENT BACKFLOW PREVENTION CERTIFICATION)
- (8) CHIMNEY RE-LINING
- (9) CONCRETE CORING
- (10) CONCRETE POLISHING, COLORING, STAINING, SEALING, ETC.
- (11) CONCRETE STABILIAZTION
- (12) CONSTRUCTION OF SPORTS SURFACES (INTERIOR & EXTERIOR)
- (13) COUNTER TOPS
- (14) DECORATIVE GAS APPLIANCES THE INSTALLER MUST BE CERTIFIED, AND THE COMPANY MUST BE APPROVED BY THE MANUFACTURER FOR EACH BRAND INSTALLED. PROOF OF CERTIFICATION MUST BE PRESENTED AT TIME OF LICENSE APPLICATION. (INSTALLATION & VENTING OF DECORATIVE GAS APPLIANCES I.E.: GAS LOGS. GAS PIPING AND ELECTRICAL MUST BE PERFORMED BY PROPERLY LICENSED PLUMBING AND ELECTRICAL CONTRACTORS, RESPECTIVELY.)
- (15) DEMOLITION
- (16) DEMOUNTABLE WALLS
- (17) EARTHWORK (EXCAVATION-GRADING-TRENCHING-HORIZONTAL BORING) (ALSO INCLUDES UNDERGROUND CABLE TV, AND SEPTIC SYSTEM WITH HEALTH DEPARTMENT CERTIFICATION.) CAN DO PERIMETER DRAINS
- (18) EQUIPMENT INSTALLATION (COMMERCIAL KITCHEN, SHOP/MANUFACTURING) (MAY INCLUDE AIR/HYDRAULIC LINES)

- (19) EXTERIOR WOOD TREATMENT (CAULK, BRICK & SIDEWALKS)
- (20) FENCING (ALL TYPES)
- (21) FINSIH CARPENTRY (TRIM, DOORS-CABINETS)
- (22) FLOOR-WALL COVERING (TILE-CARPET-PARQUET-WOOD FLOOR)
- (23) FOUNDATION WATERPROOFING
- (24) GARAGE DOORS, OVERHEAD ROLLING DOORS AND GRILLS (INCLUDES OPENER IF ELECTRICAL IS PROVIDED BY LICENSED ELECTRICIAN)
- (25) GENERAL LANDSCAPING (SOD-TREES-LANDSCAPE-DECORATIVE WALLS-LAWN SPRINKLERS) CANNOT DO BACKFLOW UNLESS CERTIFIED) CANNOT DO ANY RETAINING WALLS OR WALLS THAT ARE STRUCTURAL.
- (26) GLAZING (GLASS-METAL FRAME) (INCLUDES GLASS STORE FRONTS AND GLASS DOORS)
- (27) GREENHOUSES, SUNROOMS (PRE-MANUFACTURED COMPONENTS ONLY)
- (28) GYPCRTE INSTALLER
- (29) INSULATION (BUILDING-DUCT WORK-PIPES)
- (30) LIGHTNIN PROTECTION
- (31) MEDICAL GAS
- (32) MEDICAL GAS CONTRACTOR
- (33) METAL STUDS ONLY (NON-STRUCTURAL)
- (34) MOBILE HOME SKIRTING
- (35) NON-ELECTRICAL SIGNS (INSTALL ELECTRICAL SIGN, ELECTRICIANS DO THE ELECTRICAL WORK, 2 SEPARATE PERMITS.)
- (36) OVERHEAD CABLE TV (IN CITY ROW)
- (37) PAINTING AND WALLPAPER
- (38) PARKING LOT STRIPING
- (39) PERIMETER DRAIN/SUMP PUMP INSTALL -CAN DO EXCAVATION
- (40) PIPEFITTING
- (41) PIPEFITTING CONTRACTOR
- (42) PLASTER/STUCCO
- (43) PLAYGROUND/CHALLENGE COURSE EQUIPMENT

- (44) PRE-MANUFACTURED SHEDS, PLAYHOUSES AND SIMILAR STRUCTURES (NOT TO EXCEED 200 SQ FT AND NOT TO INCLUDE GARAGES)
- (45) REINFORCING REBAR
- (46) RIGHT OF WAY
- (47) SAND BLASTING
- (48) SATELLITE DISH
- (49) SEAL COATING
- (50) SEWER AND DRAIN CLEANING
- (51) SIDING/WINDOWS (SIDING INSTALLATION-REPLACEMENT WINDOWS-GUTTERS-NON-STRUCTURAL, DOORS)
- (52) SPECIAL DOORS REVOLVING, SLIDING, POWER-OPERATED (TO INCLUDE GLASS)
- (53) SPRAYED ON FIREPROOFING
- (54) STREET CRACK SEAL
- (55) SWIMMING POOLS
- (56) TESTING AND CERTIFICATE OF GAS FIRED HEATING APPLIANCES
- (57) UNDERGROUND RECOVERY SYSTEMS (RADON AND OTHER GASES)
- (58) WELDER
- (59) WELDER CONTRACTOR
- (60) WELL DRILLING
- (61) WHEELCHAIR LIFTS/VERTICAL AND INCLUDES PLATROMS
- (62) WOOD DECK (PRE-BUILT DECKS) STICK BUILT DECKS MAY REQUIRE A FRAMING EXAM AT THE DISCRETION OF THE BOARD
- (63) MEMBRANE REPLACEMENT MEMBRANE STRUCTURES ONLY