



## 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 Plumbing, HVAC and Refrigeration* Contractor & Master Licenses: (Tested)**

**CONTRACTOR LICENSE APPLICATIONS-Deadline for submissions is the last working day of the month prior to the meeting. Please submit your applications early, so we have adequate time to get your application on the Board's agenda prior to their meeting.**

#### 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".

#### MASTER LICENSE APPLICATIONS

1. All applications must be completed on the forms provided. This license is for the individual(s) who will be the **Master** for the company. Every company is required to have at least one Master. The individual completing the Master License Application will be required to show successful completion of the appropriate ICC National Standard exam OR the Wyoming (WAM) exam. (Plumbers must pass the **Master Plumber With Gas** exam). The application asks for references from individuals who 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. Please list your detailed hands on field experience and specific type of work you have actually performed.** List specific jobs and what you did on those jobs. For example: If you are applying for a plumbing license please list all the duties you performed as a plumber, the types of materials you have worked with and the kinds of plumbing/gas systems you have installed.
3. Individual Master License applications must be accompanied by full fees.
4. **Attendance at the Licensing Board meeting in which your application is being reviewed is required; in accordance with Section 13.1 of the Contractor Licensing Board & Regulations. Applicants must be present in person, or available via Zoom to answer any questions pertaining to your application/experience. Failure to appear may result in your application being denied.** Denied applicants will be required to re-apply and pay the new application fee of \$50.00. Contractors Board meetings are held on the second Tuesday of every month, in the City Council Chambers at 9:00 A.M.

The Contractor Licensing Regulations are found at [www.cheyennecity.org](http://www.cheyennecity.org). It is important that you read and become familiar with them.



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## CLASS C-1 CONTRACTOR LICENSE APPLICATION (\$250)

(Plumbing, HVAC, Refrigeration)

**INCOMPLETE APPLICATIONS WILL BE REJECTED. IF YOUR LICENSE IS DENIED, YOU WILL HAVE TO  
FILL OUT A NEW APPLICATION AND PAY A RE-APPLICATION FEE OF \$50.00**

**SPECIFY TYPE OF C-1 LICENSE: (Plumbing, HVAC, or Refrigeration) \_\_\_\_\_**

This license entitles the holder to apply for permits to perform the work described in Section 9 of the Contractor Licensing Regulations. Holders of valid Class C Type 1 licenses may perform the work described under the Class C Type 2 licenses within their respective categories.

**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-1 MASTER LICENSE APPLICATION (\$100) (Tested) (Plumbing, HVAC, Refrigeration)

**INCOMPLETE APPLICATIONS WILL BE REJECTED. IF YOUR LICENSE IS DENIED, YOU WILL HAVE TO FILL OUT A NEW APPLICATION AND PAY A RE-APPLICATION FEE OF \$50.00**

**SPECIFY TYPE OF C-1 LICENSE: (Plumbing, HVAC, or Refrigeration) \_\_\_\_\_**

**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: \_\_\_\_\_**

**Applicant is working for: \_\_\_\_\_**

### Practical Experience

A minimum of three (3) years comprehensive, hands-on experience as a journeyman and a minimum of four (4) years as an apprentice must be documented. Applicant shall attach the documentation necessary to demonstrate applicant has satisfied the minimum requirements. (Refer to Submission Requirements for additional information). Applicants for refrigeration licenses shall also provide documentation of possessing a current certification of refrigerant reclamation.

**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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**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 \_\_\_\_\_  
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(Seal)

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Received By: \_\_\_\_\_ Date: \_\_\_\_\_

FEE PAID [ ]Cash [ ]Check (No.) [ ]Credit Card Amount: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Approved By: \_\_\_\_\_, Chairman Date: \_\_\_\_\_

License Number: \_\_\_\_\_ Date issued: \_\_\_\_\_