



## CONTRACTOR LICENSING BOARD

M.J. GERTSCH, CHAIRMAN; JASON STEPHEN, VICE-CHAIRMAN;  
JOE PATTERSON, JASON POWELL, BRIAN CASEY, MARK  
ARCHER, BRENT GROESBECK, PAUL POMEROY,  
AND DENNIS HUMPHREY

### **Submission Requirements For Class C-1 Apprentice License: (Non Tested)**

#### **(Plumbing, HVAC, Refrigeration)**

#### 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.

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



# CONTRACTOR LICENSING BOARD

M.J. GERTSCH, CHAIRMAN; JASON STEPHEN, VICE-CHAIRMAN;  
JOE PATTERSON, JASON POWELL, BRIAN CASEY, MARK  
ARCHER, BRENT GROESBECK, PAUL POMEROY,  
AND DENNIS HUMPHREY

## CLASS C-1 APPRENTICE LICENSE APPLICATION (\$20) (Non-tested)

(Plumbing, HVAC, Refrigeration,)

**INCOMPLETE APPLICATIONS WILL BE REJECTED.**

Specify type of Apprentice License: (Plumbing, HVAC, 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

(Refer to submission requirements for additional information).

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.**

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.

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