



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

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.

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-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

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 adopted by the City of Cheyenne? Yes____ No____
3. Have you ever had a construction related license in another jurisdiction? Yes____ No____
 If yes, list type of license, date, and jurisdiction. _____
4. Have you ever been denied a license? Yes____ No____
 If yes, give reason for denial, date, and jurisdiction. _____
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. _____

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 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.

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. _____

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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: _____