



**CONTRACTOR LICENSING BOARD**  
NOEL GRIFFITH, CHAIRMAN; M.J. GERTSCH, VICE-CHAIRMAN;  
JOE PATTERSON, MAL BURNSIDE, MIKE METZLER, JASON  
STEPHEN, MARK ARCHER, BRENT GROESBECK AND PAUL  
POMEROY



**Submission Requirements For Class C-1 Electrical Journeyman Licenses: (Non Tested)**  
**You must have a valid State license prior to making application for a City license.**

**ELECTRICAL JOURNEYMAN LICENSE APPLICATIONS**

1. All applications must be completed on the forms provided. This license is for the individual who will be working for a company. **You must have a valid State license prior to making application for a City license.** The application asks for references from individuals or companies which can give a positive reference regarding the individual signing the application.
2. You will submit the completed City of Cheyenne Class C-1 **Electrical Journeyman** Application, **and fees**, to the City of Cheyenne Building Safety Department, 2101 O'Neil Avenue, Room 202; Cheyenne, WY 82001.

**The Contractor Licensing Regulations are attached. It is important that you read and become familiar with them.**



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**CLASS C-1 JOURNEYMAN ELECTRICIAN LICENSE APPLICATION (Non Tested) (\$80)**

***INCOMPLETE APPLICATIONS WILL BE REJECTED.***

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

**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 (Optional):** \_\_\_\_\_

**Licensed C-1 Electrical Applicant is working for:** \_\_\_\_\_

**Practical Experience**

You need to show who you have worked for and how long you worked below. (Refer to submission requirements for additional information). **You must have a valid State license prior to making application for a City license.**

**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 the Board’s action, 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: \_\_\_\_\_