



CONTRACTOR LICENSING BOARD

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

Submission Requirements For Class C-1 Solar/Wind and Turbine Contractor Licenses:

(Must appear before the Board but is NOT a tested license)

CONTRACTOR LICENSE APPLICATIONS—Deadline for submission is the **last working day of the month** prior to the meeting. Board meetings are the 2nd Tuesday of each month. **Please submit your applications early, so that 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)

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. The Board wants to see 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. Inform the Board all the duties you have personally performed in the installation, alteration, repair, or demolition of solar collection systems and wind generation systems.
3. **Attendance at the Licensing Board meeting is required. If you are not at the meeting to answer any questions the Board may have pertaining to your application/experience, your application will be denied.** If your license is denied by the Board, you will have to fill out a new application and pay a new application fee of \$50.00. The meeting is held in City Council Chambers at 09:00 A.M. the second Tuesday of every month.
4. Individual Qualified Supervisor license applications must be accompanied by full fees.

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



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CLASS C-1 SOLAR/WIND AND TURBINE CONTRACTOR LICENSE APPLICATION (\$250)
INCOMPLETE APPLICATIONS WILL BE REJECTED. IF THE BOARD DENIES YOUR LICENSE, YOU WILL HAVE TO FILL OUT A NEW APPLICATION AND PAY A RE-APPLICATION FEE OF \$50.00

The installation, alteration, repair, or demolition of solar collection systems and wind generation systems. The holder of this license shall be permitted to hire properly licensed subcontractors (i.e. foundation, electrical etc.) or, with the exception of electrical work, be permitted to do the work himself. All electrical work, including low voltage, shall only be performed by properly licensed electrical or Low Voltage Electrical contractors.

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 the Board's action 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: _____



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(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: _____

CLASS C-1 SOLAR/WIND AND TURBINE QUALIFIED SUPERVISOR LICENSE APPLICATION (\$100)

(Must appear before the Board but is NOT a tested license)

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

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

The applicant must possess **four (4) years' experience acceptable to the Board**, and shall submit written documentation of experience installation, alteration, repair, or demolition of solar collection systems and wind generation systems. Must appear personally before the Board to substantiate the experience. The Board shall determine if the applicants experience will qualify for approval of the license. **Applicant shall attach a separate statement and provide whatever documentation necessary to demonstrate applicant has satisfied the minimum requirements.** (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 |
|---|--|
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| | |
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Personal References

Any individual, other than a relative, who can give you a favorable reference.

Name:

Address:

City/St/Zip:

Phone:

Name:

Address:

City/St/Zip:

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: _____