



## 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-2 Apprentice Low Voltage Electrical License Application (NON-TESTED)***

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

**You must specify the type of Low Voltage license you are applying for:**

**General-Alarm-Communications: (circle one or write in here): General – Alarm – Communications**

#### 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.
4. Applicants for an electrical apprentice license must first obtain a State electrical apprentice license.

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



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### CLASS C-2 APPRENTICE LOW VOLTAGE ELECTRICAL LICENSE APPLICATION (\$20) *(Non-tested)*

**You must have a valid State license prior to making application for a City license.  
 INCOMPLETE APPLICATIONS WILL BE REJECTED.**

**Specify type: General – Alarm – Communications:** \_\_\_\_\_

**Applicants Name:** \_\_\_\_\_ **PHONE#** (\_\_\_\_) \_\_\_\_\_

**Last                      First                      Middle**

**Physical Address:** \_\_\_\_\_

Street                                      City                                      State                                      Zip

**Mailing Address:** \_\_\_\_\_

Street or P.O. Box                      City                                      State                                      Zip

**Applicant Email Address:** \_\_\_\_\_

**Licensed C-2 Low Voltage Electrical Applicant is working for:** \_\_\_\_\_

### *Practical Experience*

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

**Incomplete applications will be returned.**

Name & Address of Company	<u>Total Time in Years and Months</u>

### *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.)\_\_\_\_\_

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- 4. Have you ever been denied a license? Yes\_\_\_\_ No\_\_\_\_  
If yes, state date, reason and jurisdiction of denial.\_\_\_\_\_

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- 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)

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**Office Use Only**

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

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

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

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

