



CCONTRACTOR 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-2 Low Voltage Electrical Technician License

Application: (Non Tested)

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

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

Specify type: General – Alarm – Communications: _____

LOW VOLTAGE TECHNICIAN LICENSE APPLICATIONS

1. All applications must be completed on the forms provided. 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 previous employers' and how long you worked for them on the license application.**

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



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CLASS C-2 LOW VOLTAGE ELECTRICAL TECHNICIAN LICENSE APPLICATION

(Non Tested) (\$50)

**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 (Optional): _____

Licensed C-2 Low Voltage Electrical Applicant is working for: _____

Company License # _____

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.)_____

- 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: _____

