



## 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 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.**

COMPLIANCE DEPARTMENT  
2101 O'NEIL AVENUE, ROOM 202  
CHEYENNE, WYOMING 82001  
PHONE: (307) 637-6265 FAX: (307) 637-6366



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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:** \_\_\_\_\_

**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.**

<b>Name &amp; Address of Company</b>	<b>Total Time in Years and Months</b>

### ***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: \_\_\_\_\_

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**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: \_\_\_\_\_

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