



## 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-3 Limited Electrical Technician License Application:**

**(Non Tested)**

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

**You must specify the type of limited electrical license you are applying for:**

**Specify type: Elevators; Signs; Light Fixtures; HVAC:\_\_\_\_\_**

#### **LIMITED ELECTRIC 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-3 LIMITED ELECTRICAL TECHNICIAN LICENSE APPLICATION (\$50)**  
***INCOMPLETE APPLICATIONS WILL BE REJECTED.***

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

**Specify type: Elevators; Signs; Light Fixtures; HVAC:** \_\_\_\_\_

**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 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</u> 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.)\_\_\_\_\_

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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: \_\_\_\_\_

