



## 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 F-1 Contractor Licenses: (Tested)***

**CONTRACTOR LICENSE APPLICATIONS**-Deadline for submission is the **last working day of the month** prior to the meeting. **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) "Good Standing Letter"

#### 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 individual completing the Qualified Supervisor License Application **will be required to show successful completion of the appropriate exam.** 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. Tell the Board all the duties you have personally performed in the installation of fire Protection systems.
3. **Attendance to the Licensing Board meeting is required in accordance with Section 13.1 of the Contractor Licensing Board & Regulations. If you are not at the meeting to answer any questions the Board may have pertaining to your application/experience, your application may 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 meetings are held in City Council Chambers at 09:00 A.M. the second Tuesday of each 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 F-1 CONTRACTOR LICENSE APPLICATION (\$350)**

***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***

This license entitles the holder to apply for permits to perform the work described in Section 11, of the Contractor Licensing Regulations. If an applicant wishes to engage in more than one activity, a separate license must be procured for each activity.

**SPECIFY TYPE OF F-1 LICENSE:** \_\_\_\_\_

(Chemical Fire Suppression, Stationary Pumps for Fire Protection, Flammable or Combustible Liquids, Sprinkler (fire/Standpipe)

**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 F-1 QUALIFIED SUPERVISOR LICENSE APPLICATION (\$100) (Tested)***

***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***

**SPECIFY TYPE OF F-1 LICENSE:** \_\_\_\_\_  
(Chemical Fire Suppression, Stationary Pumps for Fire Protection, Flammable or Combustible Liquids, Sprinkler (fire/Standpipe))

**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***

Applicant **shall** attach a separate statement and provide supporting documentation substantiating in detail, a minimum of three (3) years comprehensive experience related to the license category applied for. Applicants for fire alarm licenses shall also provide documentation of possessing both a Wyoming State and City of Cheyenne license for one (1) of the following: low voltage, journeyman electrician or master electrician.

**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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### **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.**

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Date: \_\_\_\_\_

State of \_\_\_\_\_  
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 On \_\_\_\_\_, 20\_\_\_\_,  
 personally, appeared before me, whose identity I  
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\_\_\_\_\_

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 My commission expires: \_\_\_\_\_

(Seal)

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

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

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

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