



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 R 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 **ICC National Standard Residential Building Contractor (C) exam OR the Wyoming (WAM) Residential Building Contractor (C) 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. Inform the Board all the duties you have personally performed in the construction, alternation and repair of single-family dwellings.
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 R CONTRACTOR LICENSE APPLICATION (\$450)

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 for the construction, alternation, addition or repair of detached single-family dwellings not more than three stories above-grade in height with a separate means of egress, and their accessory structures. This licensee may do any or all of the work under the provisions of contractor's Class D licenses. This licensee is allowed to only perform work under the provisions of contractor Class C necessary for the construction of the structures allowed by this class of license. The holder of this license is not permitted to perform Electrical, Plumbing, Refrigeration, HVAC and Fire, unless properly licensed sub-contractors are obtained.

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 R 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

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

A minimum **five (5) years comprehensive, hands on experience** relative to construction, alternation, addition or repair of detached single family dwellings not more than three stories above-grade in height with a separate means of egress, and their accessory structures, is required in order to obtain a Class R license. Applicant **shall** attach a separate statement and provide whatever documentation necessary to demonstrate applicant has satisfied the minimum requirements. (Refer to submission requirements for additional information.)

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.

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: _____