GENERAL CONTRACTOR LICENSE APPLICATION

Attached is an application for a City of Casper General Contractor’s License. Applications are required to be completed and returned to the City of Casper’s Community Development Department at least 10 days before the Contractors’ Board Meeting, which meets on the third Thursday of each month. An oral interview may be required to complete the Board’s decision. If any interview is determined to be necessary, you will be notified when to appear. Complete the forms in their entirety, and enclose any additional information that you feel will help the Board determine your qualifications regarding your application. The categories of general contractor licenses are listed below:

**CLASS I** authorizes the contractor to construct, repair, or alter any structure.

**CLASS II** authorizes the contractor to construct, repair, or alter residences up to and including an eight-unit residential building and remodel of commercial structures up to 25% of assessed value of the existing structure.

**CLASS III** authorizes the contractor to repair, remodel, or alter single-family residences only up to 25% of assessed value.

**DEMOLITION CONTRACTOR** authorizes the contractor to demolish and remove any structure or building.

**ROOFING CONTRACTOR** authorizes the contractor to install, repair, or construct roofs and associated roofing materials.

Testing may be required for all general contractor categories. Class I and II General Contractors are tested on the latest edition of the International Building Code (IBC). Class III Contractors are tested on the International Residential Building Code (IRC). Roofing contractors are tested on the roofing section of the International Building Code only, with some local amendments. Demolition Contractors are not required to pass a written test. All testing is open book with a four (4) hour time limit. The testing will cover all areas of the code including wood framing, masonry, concrete, exiting, etc. The City of Casper may waive the testing requirement for applicants who are currently licensed in a jurisdiction with testing requirements that are the same or equal to the testing required by the City Contractor’s license, including the testing offered by the Wyoming Association of Municipalities or International Code testing.
Every Applicant must show a minimum of four (4) years of experience for Class III, six (6) years for Class II, and eight (8) years for Class I, in the construction trades to qualify for the general contractor's license. The experience criteria and the minimum time will be based on the judgment of the Board in evaluating each applicant's background and qualifications.

IMPORTANT NOTE:

ALL AFFIDAVITS MUST BE BY A THIRD PARTY AND MUST BE NOTARIZED OR WRITTEN ON COMPANY LETTERHEAD. ALL APPLICANTS MUST SUBMIT AFFIDAVITS THAT WILL VERIFY A MINIMUM OF FOUR (4) YEARS OF CONSTRUCTION WORK EXPERIENCE BEFORE THE CONTRACTORS' BOARD WILL CONSIDER YOUR APPLICATION. NOTE: SELF-VERIFICATION OF AFFIDAVITS WILL NOT BE ACCEPTED.

SCHEDULE OF FEES FOR LICENSE:

<table>
<thead>
<tr>
<th>Classification</th>
<th>New License:</th>
<th>Renewal:</th>
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<tbody>
<tr>
<td>Class I</td>
<td>General Contractor</td>
<td>$300.00</td>
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<tr>
<td>Class II</td>
<td>General Contractor</td>
<td>$150.00</td>
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<tr>
<td>Class III</td>
<td>General Contractor</td>
<td>$150.00</td>
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<tr>
<td>Demolition</td>
<td>General Contractor</td>
<td>$150.00</td>
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<tr>
<td>Roofing</td>
<td>General Contractor</td>
<td>$150.00</td>
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</tbody>
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MINIMUM INSURANCE REQUIREMENTS:

- Public Liability $100,000/$300,000
- Property Damage $100,000
APPLICATION FORM FOR GENERAL CONTRACTORS

PART I- GENERAL INFORMATION

Name of Company (if applicable) ________________________________ Date __________ 20__

Name of Qualifying Person or Persons ________________________________

Current Address __________________ City _________ State ______ Zip ______

Telephone Number ___________________ Cell Number __________________

Email ________________________________

Employer ________________________________

Employer’s Address __________________ City _________ State ______ Zip ______

Position __________________ Years at present employer ______ Comments ______

Date and location of residence in Wyoming __________________

If not Wyoming resident, location of residence __________________

Class of License you are applying for? Class I____ Class II____ Class III____

Demolition____ Roofing____

PART II- LICENSER HISTORY

Please list all licenses that you presently hold in any other state or municipality. Attach a photocopy of each license.

<table>
<thead>
<tr>
<th>Location of License</th>
<th>Year Issued</th>
<th>Type of License</th>
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</table>
Part III- EMPLOYMENT VERIFICATION (AFFIDAVITS)

Applicant’s Name ____________________________ (Print)

Name and address of employer or person verifying time and position of Applicant
(Name) __________________________________________
(Address) _______________________________________
(City) __________ (State) ________________________
(Zip) _______ (Phone No.) ____________

Date of Employment:
From ______ through _______ Add additional dates
From ______ through _______ (as necessary)

Job Title of Applicant ________________________________
Job Description of Applicant __________________________

To be completed by Employer or Person verifying Applicant’s information. (Do Not use self-verification.)

Is the information true and correct to the best of your knowledge including the time and type of work and duties? YES____ NO_____ COMMENTS: __________________________

______________________________

If it is necessary for a representative of the City of Casper to contact you about this information, please give any information that may expedite this process.

Current Address ___________________ City __________ State ________ Zip ________
Day Phone No. ___________________________ Cell Phone No. ______________________
Email Address ________________________________

DATED this ________ day of ______________________, 20__

______________________________
Signature

______________________________
Printed Name of Signature

Subscribed and sworn to before me this ________ day of ______________________, 20__

______________________________
Notary Public

My Commission Expires: ____________________________