

**CITY OF CODY
CONTRACTOR
LICENSE
APPLICATIONS**

**THIS FILE CONTAINS ALL CATEGORIES
OF CONTRACTOR LICENSE
APPLICATIONS.**

**SCROLL DOWN UNTIL YOU FIND THE
TYPE OF CONTRACTOR LICENSE YOU
WOULD LIKE TO APPLY FOR.**



**CITY OF CODY
MASTER ELECTRICAL CONTRACTOR
LICENSE APPLICATION**

STAFF USE
License number: _____
Date Submitted: _____

Applicant's Name (Qualifier): _____ Business Name: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ Email: _____

Please read the contractor licensing regulations, found in Title 9, Chapter 3 of the City of Cody Code (attached and/or available online at: www.cityofcody-wy.gov/111/Municipal-Code).

Wyoming Licenses: Provide a copy of your current Wyoming master electrician license and your electrical contractor's license (card) issued by the State of Wyoming.

Insurance: Provide an insurance certificate from your insurance company indicating that your company has liability insurance in the amounts noted below, and which insurance certificate lists the City of Cody as a "certificate holder" (not "additional insured").

- Bodily injury liability insurance coverage of not less than one million dollars per person/occurrence; and,
- Property damage liability insurance coverage of not less than one million dollars for each occurrence.

Fee: The application must be accompanied by the \$200.00 application fee. Payment may be made to the City of Cody by cash, check, or credit card (Visa, MasterCard, Discover).

Certification: By signing this application form, I certify that:

- 1) I have read and understand the City of Cody Contractor Licensing Ordinance (Title 9, Chapter 3 of the City of Cody code) and agree to comply with the requirements thereof;
- 2) The information contained in this contractor license application and associated documents submitted herewith is true and accurate; and,
- 3) I understand that failure by me, or my employees while under my supervision, to comply with the requirements of the City of Cody Contractor Licensing Ordinance, including failure to obtain all required permits and inspections, is grounds for suspension and revocation of my contractor license.

Signed this _____ day of _____, 20 ____.

Name of Business: _____

By: _____

Title/Office: _____

(Signature must be notarized—notary block on next page.)

(OVER)

STATE _____)
)
COUNTY _____)

The foregoing instrument was acknowledged before me by _____
this ____ day of _____, 20 ____.

Witness my hand and official seal.

Notary Public

My Commission Expires: _____

Office Use Only:

- Master Electrical Contractor license authorized this ____ day of _____, 20____, by
_____, Building Official.
- Application referred to Contractor Licensing Board. Meeting date: _____

WORK HISTORY:

Provide your personal work history to demonstrate that you have the minimum experience required and the knowledge, skills and proficiency needed to act in the capacity of a general contractor. Include only periods of active employment. Feel free to include any additional information or exhibits such as a work portfolio or project photos.

Employer #1 (current/most recent)

Name of Employer: _____

Dates of Employment: _____ to _____ Number of months of active employment: _____

Position(s) Held/Primary Duties:

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: _____ City: _____ State: _____ Phone # or email: _____

Employer #2

Name of Employer: _____

Dates of Employment: _____ to _____ Number of months of active employment: _____

Position(s) Held/Primary Duties:

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: _____ City: _____ State: _____ Phone # or email: _____

Use additional sheet(s) as needed to show minimum months of experience required.

Employer #3

Name of Employer: _____

Dates of Employment: _____ to _____ Number of months of active employment: _____

Position(s) Held/Primary Duties:

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: _____ City: _____ State: _____ Phone # or email: _____

Employer #4

Name of Employer: _____

Dates of Employment: _____ to _____ Number of months of active employment: _____

Position(s) Held/Primary Duties:

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: _____ City: _____ State: _____ Phone # or email: _____

Use additional sheet(s) as needed to show minimum months of experience required.



**CITY OF CODY
GENERAL CONTRACTOR LICENSE
APPLICATION**

STAFF USE
License Number: _____
Date Submitted: _____
Previously Licensed? Y/N

Applicant's Name (Qualifier): _____ Business Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Before completing the section below, please read the contractor licensing regulations, found in Title 9, Chapter 3 of the City of Cody Code (attached and/or available online at: www.codywy.gov/111/Municipal-Code).

Category of License Requested:

- General Contractor** (Authorized to perform work on all components of commercial and residential structures except those components requiring an electrical license, plumbing license, or mechanical/HVAC license.)
Attach certification showing you have passed the International Code Council National Standard Exam for Class "A" Commercial, or Class "B" Commercial and Residential contracting.
- General Contactor—IRC** (Authorized to perform work on all components of a residential structure that is subject to the International Residential Code, except those components requiring an electrical license, plumbing license, or mechanical/HVAC license.)
Attach certification showing you have passed the International Code Council Class "C" Residential Contractor Exam.

Work History: Provide a resumé of your personal work history demonstrating that you have the minimum relevant experience required (60 months for General Contractor category/ 24 months for General Contractor-IRC category). Include contact information for your employer(s) or the building official(s) where the work was performed. You may use the attached "Work History" form if you do not have a resumé with the information requested.

Insurance: Provide an insurance certificate from your insurance company indicating that your company has liability insurance in the amounts noted below, and which insurance certificate lists the City of Cody as a "certificate holder" (not "additional insured").

- Bodily injury liability insurance coverage of not less than one million dollars per person/occurrence; and,
- Property damage liability insurance coverage of not less than one million dollars for each occurrence.

Fee: The application must be accompanied by the \$200.00 application fee. Payment may be made to the City of Cody by cash, check, or credit card (Visa, MasterCard, Discover).

(Over)

Certification: By signing this application form, I certify that:

- 1) I have read and understand the City of Cody Contractor Licensing Ordinance (Title 9, Chapter 3 of the City of Cody code) and agree to comply with the requirements thereof;
- 2) The information contained in this contractor license application and associated documents submitted herewith is true and accurate; and,
- 3) I understand that failure by me, or my employees while under my supervision, to comply with the requirements of the City of Cody Contractor Licensing Ordinance, including failure to obtain all required permits and inspections, is grounds for suspension and revocation of my contractor license.

Signed this _____ day of _____, 20____.

Name of Business: _____

By: _____

Title/Office: _____

STATE _____)

)

COUNTY _____)

The foregoing instrument was acknowledged before me by _____
this _____ day of _____, 20____.

Witness my hand and official seal.

Notary Public

My Commission Expires: _____

Contractor Licensing Board Review:

Review of this application includes an interview by the Building Official and/or Contractor Licensing Board. If Board review is required, they typically meet the 4th Thursday of each month at noon in the City Hall conference room (1338 Rumsey Avenue). Applications requiring Board review should be submitted at least ten days prior to the meeting. You may schedule an interview with the Building Official by calling (307) 527-3469, or emailing either Sean Collier at scollier@codywy.gov or Bernie Butler at bernieb@codywy.gov

Office Use Only:

Contractor license authorized for the category requested this _____ day of _____, 20____, by _____, Building Official.

Application referred to Contractor Licensing Board. Meeting date: _____

WORK HISTORY:

Provide your personal work history to demonstrate that you have the minimum experience required and the knowledge, skills and proficiency needed to act in the capacity of a general contractor. Include only periods of active employment. Feel free to include any additional information or exhibits such as a work portfolio or project photos.

Employer #1 (current/most recent)

Name of Employer: _____

Dates of Employment: _____ to _____ Number of months of active employment: _____

Position(s) Held/Primary Duties:

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: _____ City: _____ State: _____ Phone # or email: _____

Employer #2

Name of Employer: _____

Dates of Employment: _____ to _____ Number of months of active employment: _____

Position(s) Held/Primary Duties:

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: _____ City: _____ State: _____ Phone # or email: _____

Use additional sheet(s) as needed to show minimum months of experience required.

Employer #3

Name of Employer: _____

Dates of Employment: _____ to _____ Number of months of active employment: _____

Position(s) Held/Primary Duties:

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: _____ City: _____ State: _____ Phone # or email: _____

Employer #4

Name of Employer: _____

Dates of Employment: _____ to _____ Number of months of active employment: _____

Position(s) Held/Primary Duties:

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: _____ City: _____ State: _____ Phone # or email: _____

Use additional sheet(s) as needed to show minimum months of experience required.



**CITY OF CODY
PLUMBING CONTRACTOR AND
MECHANICAL/HVAC CONTRACTOR
LICENSE APPLICATION**

STAFF USE
License Number: _____
Date Submitted: _____
Previously Licensed? Y/N

Applicant's Name (Qualifier): _____ Business Name: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ Email: _____

Before completing the section below, please read the contractor licensing regulations, found in Title 9, Chapter 3 of the City of Cody Code (attached and/or available online at: www.codywy.gov/111/Municipal-Code).

Category of License Requested:

- Master Plumbing Contractor** (To perform plumbing work (including fuel gas) within all types of buildings and structures.)
Attach certification showing you have passed the International Code Council Exam for "Master Plumber with Fuel Gas". (Also requires 48 months of experience.)
- Plumbing Contractor—IRC** (To perform plumbing work within buildings and structures regulated by the International Residential Code.)
Either attach certification showing you have passed the International Code Council Exam "F26 National Standard Residential Plumber" (also requires 12 months of experience); or, show you have at least 36 months of experience that demonstrate the knowledge, skills, and proficiency to perform work of this nature.
- Master Mechanical/HVAC Contractor** (To perform mechanical/HVAC work within all types of buildings and structures.)
Either attach certification showing you have passed the International Code Council Exam "Master Mechanical" (also requires 24 months of experience); or, show you have at least 48 months of experience that demonstrate the knowledge, skills, and proficiency to perform work of this nature.
- Mechanical/HVAC Contractor—IRC** (To perform mechanical/HVAC work within buildings and structures regulated by the International Residential Code.)
Either attach certification showing you have passed the International Code Council Exam "F26 National Standard Residential Mechanical" (also requires 12 months of experience); or, show you have at least 36 months of experience that demonstrate the knowledge, skills, and proficiency to perform work of this nature.

Work History: Provide a resumé of your personal work history demonstrating that you have the minimum relevant experience required. Include contact information for your employer(s) or the building official(s) where the work was performed. You may use the attached "Work History" form if you do not have a resumé with the information requested.

(Over)

Insurance: Provide an insurance certificate from your insurance company indicating that your company has liability insurance in the amounts noted below, and which insurance certificate lists the City of Cody as a "certificate holder" (not "additional insured").

- Bodily injury liability insurance coverage of not less than one million dollars per person/occurrence; and,
- Property damage liability insurance coverage of not less than one million dollars for each occurrence.

Fee: The application must be accompanied by the \$200.00 application fee. Payment may be made to the City of Cody by cash, check, or credit card (Visa, MasterCard, Discover).

Certification: By signing this application form, I certify that:

- 1) I have read and understand the City of Cody Contractor Licensing Ordinance (Title 9, Chapter 3 of the City of Cody code) and agree to comply with the requirements thereof;
- 2) The information contained in this contractor license application and associated documents submitted herewith is true and accurate; and,
- 3) I understand that failure by me, or my employees while under my supervision, to comply with the requirements of the City of Cody Contractor Licensing Ordinance, including failure to obtain all required permits and inspections, is grounds for suspension and revocation of my contractor license.

Signed this _____ day of _____, 20 ____.

Name of Business: _____

By: _____

Title/Office: _____

STATE _____)

COUNTY _____)

The foregoing instrument was acknowledged before me by _____
this ____ day of _____, 20 ____.

Witness my hand and official seal.

Notary Public

My Commission Expires: _____

Contractor Licensing Board Review:

Review of this application includes an interview by the Building Official and/or Contractor Licensing Board. If Board review is required, they typically meet the 4th Thursday of each month at noon in the City Hall conference room (1338 Rumsey Avenue). Applications requiring Board review should be submitted at least ten days prior to the meeting. You may schedule an interview with the Building Official by calling (307) 527-3469, or emailing either Sean Collier at scollier@codywy.gov or Bernie Butler at bernieb@codywy.gov

Office Use Only:

Contractor license authorized as requested this ____ day of _____, 20____, by _____, Building Official.

Application referred to Contractor Licensing Board. Meeting date: _____

WORK HISTORY:

Provide your personal work history to demonstrate that you have the minimum experience required and the knowledge, skills and proficiency needed to act in the capacity of a general contractor. Include only periods of active employment. Feel free to include any additional information or exhibits such as a work portfolio or project photos.

Employer #1 (current/most recent)

Name of Employer: _____

Dates of Employment: _____ to _____ Number of months of active employment: _____

Position(s) Held/Primary Duties:

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: _____ City: _____ State: _____ Phone # or email: _____

Employer #2

Name of Employer: _____

Dates of Employment: _____ to _____ Number of months of active employment: _____

Position(s) Held/Primary Duties:

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: _____ City: _____ State: _____ Phone # or email: _____

Use additional sheet(s) as needed to show minimum months of experience required.

Employer #3

Name of Employer: _____

Dates of Employment: _____ to _____ Number of months of active employment: _____

Position(s) Held/Primary Duties:

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: _____ City: _____ State: _____ Phone # or email: _____

Employer #4

Name of Employer: _____

Dates of Employment: _____ to _____ Number of months of active employment: _____

Position(s) Held/Primary Duties:

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: _____ City: _____ State: _____ Phone # or email: _____

Use additional sheet(s) as needed to show minimum months of experience required.



**CITY OF CODY
SPECIALTY CONTRACTOR
LICENSE APPLICATION**

STAFF USE License Number: _____ Date Submitted: _____ Previously Licensed? Y/N
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Applicant's Name (Qualifier): _____ Business Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Before completing the section below, please read the contractor licensing regulations, found in Title 9, Chapter 3 of the City of Cody Code (attached and/or available online at: www.codywy.gov/111/Municipal-Code).

Category of License Requested: (Minimum Experience in Parenthesis)

This column is for work on any type of building or structure:

- Asbestos Abatement (24 months)
- Commercial Fire Suppression Systems (36 months)
- Commercial Railings (24 months)
- Conveyor Systems (36 months)
- Demolition (24 months)
- Drywall (24 months)
- Elevator Installation (48 months)
- Fencing (6 months)
- Framing (48 months)
- Ground stabilization/mud jacking (24 months)
- Insulation (24 months)
- Masonry (48 months)
- Refrigeration (24 months)
- Roofing (24 months)
- Sheet metal installation (24 months)
- Siding (24 months)
- Sign/Awning Installation (24 months)
- Steel fabrication/erection (48 months)
- Structural Concrete (48 months)
- Stucco/Plaster (12 months)
- Underground Utilities—sewer, water, conduit (12 months)
- Windows/Glass glazing (12 months)

This column is for work on residential buildings or structures subject to the IRC, only:

- Fire Suppression Systems (6 months)*
- Demolition (6 months)*
- Drywall (6 months)*
- Fencing (3 months)*
- Framing (12 months)*
- Insulation (6 months)*
- Masonry (6 months)*
- Roofing (6 months)*
- Sheet metal installation (6 months)*
- Siding (6 months)*
- Structural Concrete (6 months)*
- Stucco/Plaster (6 months)*
- Windows/Glass glazing (6 months)*
- Home Moving, Installation, & Relocation (6 Months)*

* Minimum experience need not be provided if the person has passed an ICC or State of WY exam for the trade, or if the Building Official or Contractor's Board is otherwise satisfied that the person has the knowledge and training necessary to perform the work in a competent manner.

(Over)

Work History: Provide a resumé of your personal work history demonstrating that you have the minimum relevant experience required and otherwise have the knowledge, skills and proficiency to perform the type of work requested. Include contact information for your employer(s) or the building official(s) where the work was performed. You may use the attached "Work History" form if you do not have a resumé with the information requested.

Insurance: Provide an insurance certificate from your insurance company indicating that your company has liability insurance in the amounts noted below, and which insurance certificate lists the City of Cody as a "certificate holder" (not "additional insured").

- Bodily injury liability insurance coverage of not less than one million dollars per person/occurrence; and,
- Property damage liability insurance coverage of not less than one million dollars for each occurrence.

Fee: The application must be accompanied by the \$200.00 application fee. Payment may be made to the City of Cody by cash, check, or credit card (Visa, MasterCard, Discover).

Certification: By signing this application form, I certify that:

- 1) I have read and understand the City of Cody Contractor Licensing Ordinance (Title 9, Chapter 3 of the City of Cody code) and agree to comply with the requirements thereof;
- 2) The information contained in this contractor license application and associated documents submitted herewith is true and accurate; and,
- 3) I understand that failure by me, or my employees while under my supervision, to comply with the requirements of the City of Cody Contractor Licensing Ordinance, including failure to obtain all required permits and inspections, is grounds for suspension and revocation of my contractor license.

Signed this _____ day of _____, 20 _____.

Name of Business: _____

By: _____

Title/Office: _____

STATE _____

COUNTY _____

The foregoing instrument was acknowledged before me by _____
this ____ day of _____, 20 ____

Witness my hand and official seal.

Notary Public

My Commission Expires: _____

Contractor Licensing Board Review:

Review of this application includes an interview by the Building Official and/or Contractor Licensing Board. If Board review is required, they typically meet the 4th Thursday of each month at noon in the City Hall conference room (1338 Rumsey Avenue). Applications requiring Board review should be submitted at least ten days prior to the meeting. You may schedule an interview with the Building Official by calling (307) 527-3469, or emailing either Sean Collier at scollier@codywy.gov or Bernie Butler at bernieb@codywy.gov

Office Use Only:

- Contractor license authorized as requested this ____ day of _____, 20____, by _____, Building Official.
- Application referred to Contractor Licensing Board. Meeting date: _____

WORK HISTORY:

Provide your personal work history to demonstrate that you have the minimum experience required and the knowledge, skills and proficiency needed to act in the capacity of a general contractor. Include only periods of active employment. Feel free to include any additional information or exhibits such as a work portfolio or project photos.

Employer #1 (current/most recent)

Name of Employer: _____

Dates of Employment: _____ to _____ Number of months of active employment: _____

Position(s) Held/Primary Duties:

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: _____ City: _____ State: _____ Phone # or email: _____

Employer #2

Name of Employer: _____

Dates of Employment: _____ to _____ Number of months of active employment: _____

Position(s) Held/Primary Duties:

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: _____ City: _____ State: _____ Phone # or email: _____

Use additional sheet(s) as needed to show minimum months of experience required.

Employer #3

Name of Employer: _____

Dates of Employment: _____ to _____ Number of months of active employment: _____

Position(s) Held/Primary Duties:

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: _____ City: _____ State: _____ Phone # or email: _____

Employer #4

Name of Employer: _____

Dates of Employment: _____ to _____ Number of months of active employment: _____

Position(s) Held/Primary Duties:

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: _____ City: _____ State: _____ Phone # or email: _____

Use additional sheet(s) as needed to show minimum months of experience required.