



**\*\*FOR ADMINISTRATIVE USE ONLY\*\***

Approved for License: \_\_\_\_\_

Testing Approved: \_\_\_\_\_

Affidavit Approved: \_\_\_\_\_

Additional Info Needed: \_\_\_\_\_

\_\_\_\_\_

Date Application Received: \_\_\_\_\_

**GENERAL/SUB CONTRACTOR TRADE  
APPLICATION**

**PART I - GENERAL INFORMATION**

Name of Company (if applicable) \_\_\_\_\_

Name of Qualifying Person or Person(s) \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Years at present employer \_\_\_\_\_ Comments \_\_\_\_\_

What is the purpose of applying for a City of Casper license? \_\_\_\_\_

Is there a specific project you will be doing? \_\_\_\_\_

If, yes, provide project name \_\_\_\_\_

Date and location of residence in Wyoming \_\_\_\_\_

If not Wyoming resident, location of residence \_\_\_\_\_



Type of License being applied for? *Select one (1); Mobile Home Installer and Mobile Home Contractor may both be selected.* **HIGHLITED CLASSIFICATIONS AREN'T AVAILABLE AT THIS TIME.**

Class I Contractor	Class IIA Contractor	Class IIB Contractor	Class III Contractor	Class IV Contractor	Concrete Contractor, Flatwork	Concrete Contractor, General
Demolition Contractor	Drywall Contractor	Framing Contractor	Insulation Contractor	Mobile Home Contractor	Mobile Home Installer	Roofing Contractor

**PART II - LICENSE HISTORY**

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

Location of License	Year Issued	Type of License
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**PART III - EMPLOYMENT VERIFICATION (AFFIDAVIT)**

**\*\*This section is to be completed by the applicant's employer or individual who is verifying the applicant's information. (Do not use self-verification)\*\***

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  
From \_\_\_\_\_ through \_\_\_\_\_ dates  
From \_\_\_\_\_ through \_\_\_\_\_ (as necessary)

Job Title of Applicant \_\_\_\_\_  
Job Description of Applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: