



Building Division
55 Grinnell Plaza
Sheridan, WY 82801
Ph: (307) 674-5941
www.sheridanwy.gov

2 Year Project Verification (Form A)

To accompany Contractor License application

The individual identified below is applying for a Contractor License with the City of Sheridan, WY. Regulations require verification of the applicant's construction experience on specific projects by someone other than the applicant, who has direct knowledge of the applicant's involvement in the construction project(s) described below (e.g. Customer, Building Official, Supervisor, etc.). Incorrect or misleading information can result in the applicant's disqualification for licensing. You may be contacted for additional details and to verify the information provided.

Incomplete forms will not be accepted.

APPLICANT NAME: APPLICANT PHONE:

PERSON COMPLETING FORM: PHONE:

PROFESSIONAL RELATIONSHIP TO APPLICANT:

- CONTRACTOR TYPE: [] Type I - Commercial Contractor [] Type I - Residential Contractor
[] Type II - HVAC/Mechanical Contractor [] Type II - Plumbing Contractor
[] Type II - Fire Sprinkler Contractor [] Type IV - Siding/Glazing Contractor
[] Type IV - Plaster/Acoustic Contractor [] Type IV - Sign or Solar Contractor
[] Type V - Excavation or Utility Contractor

PROJECT NAME(S):

PROJECT LOCATION(S) (Address, City, County, State):

PROJECT DATES: FROM: TO:

- PROJECT SCOPE: [] New Building [] Addition [] Structural Alteration [] Non-Structural
[] Interior Finish [] HVAC [] Plumbing [] Electrical [] Other:

PROJECT DESCRIPTION (Attach supplemental documents as needed):

ASPECTS OF PROJECT FOR WHICH APPLICANT WAS DIRECTLY RESPONSIBLE:

AFFIDAVIT

The following Affidavit shall be completed by the person identified above as having direct knowledge of the applicant's experience on the above described project(s). The Affidavit is to be signed and notarized before a notary public.

I, (print name) , (print title) , the undersigned, certify that the statements made in this application are true. I acknowledge that any false, deceptive, or fraudulent statements made in this application or at a hearing on the same will result in the denial of licensure with the City of Sheridan and may subject me to charges of false swearing or perjury.

Signature of Agent for Applicant Date:

STATE OF)
COUNTY OF)

On this day of , 20 , the above and foregoing was subscribed and sworn to before me by , whom I know personally or whose identity was proved to me on the basis of satisfactory evidence.

Notary Public
My commission expires:

Witness my hand and official seal: