



RETURN FORM TO: Building Division
55 Grinnell Plaza
Sheridan, WY 82801
Phone 307-674-5941
Fax 307-672-0045
www.city-sheridan-wy.com

Project Completion Verification Form

To accompany Contractor license application

The individual identified below is applying for a Contractor license with the City of Sheridan. Regulations require **2 years** 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 described below (e.g., Customer, Building Official, Supervisor, etc.). **Please use more than one form to complete the 2 years required if needed.** Incorrect or misleading information can result in the applicant's disqualification. You may be contacted for additional details and to verify the information provided.

Incomplete forms will not be accepted.

PERSON COMPLETING FORM: _____ PHONE: _____

APPLICANT NAME: _____ **APPLICANT PHONE:** _____

CONTRACTOR TYPE: Residential General Contractor Plumbing
(Select one) Commercial General Contractor Mechanical HVAC
 Utility Excavator
 Electrical
 Subcontractor (Siding, roofing, glazing, masonry, concrete, plastering, drywall, acoustical, sign & solar)

PROFESSIONAL RELATIONSHIP TO APPLICANT: _____

PROJECT INFORMATION:

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

PROJECT NAME: _____

PROJECT LOCATION (Street Address, City, County, State): _____

Dates **on Project:** _____



PROJECT DESCRIPTION (Attach supplemental documents as needed): _____

APPLICANT'S PRIMARY ROLE

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 The Affidavit is to be signed and notarized before a notary public. I, (print name) _____ . (pent 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.

Date:

Signature of Agent for Applicant

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

Witness my hand and official Seal

My commission expires:

