

City of Cody Contractors' Board

AGENDA

Wednesday November 19, 2014 - 12:00 p.m.

Meeting Place: City Hall Conference Room, 1338 Rumsey Avenue, Cody, WY

A. **PROCEDURAL**

1. Call to Order
2. Roll Call, excused members
3. Approval of Agenda
4. Approval of Minutes for the September 25, 2014 – Regular meeting

B. Approval of the following **Contractor's License** reviewed with conditional approval by the Building Official.

1. **MKM Construction, Inc. Re-application – Travis Moran**

Staff Comments: Staff has reviewed this re-application and reports that it appears to meet our minimum requirements for a Class C 2014 Concrete Contractor's License.

Proposed Projects: Walmart; West Park Hospital

Board Interview: None

Action: Review and discuss – Approve, Deny, or Table application

2. **Cody Electric Contractor, LLC – Jonathan Chuey**

Staff Comments: Staff has reviewed this application and reports that it appears to meet our minimum requirements for a Class B 2014 Electrical Contractor's License.

Proposed Projects: None

Board Interview: None

Action: Review and discuss – Approve, Deny, or Table application

3. **Wyoming Stove Company, Inc. Re-application – Charlie Calcote**

Staff Comments: Staff has reviewed this application and reports that it appears to meet our minimum requirements for a Class C 2015 Stove Installation Contractor's License.

Proposed Projects: None

Board Interview: None

Action: Review and discuss – Approve, Deny, or Table application

4. **CRB Builders, LLC – Matt Hoover**

Staff Comments: Staff has reviewed this application and reports that it appears to meet our minimum requirements for a Class A Category 1A 2014 General Contractor's License.

Proposed Projects: Cody Labs

Board Interview: None

Action: Review and discuss – Approve, Deny, or Table application

C. **Public Comments:**

The City Contractors' Board welcomes input from the public. In order for everyone to be heard, please limit your comments to five (5) minutes per person.

D. **New Business:**

1. Barry Cook – discussion with contractors' group regarding City development and inspection processes.
2. Accessory Storage Buildings – Square footage anchorage requirement and fees.

E. **Ongoing Issues:**

1. Creating a new board member position for electrical license
2. Current and Pending Jobs
 - a. Dave Filener residence – 2725 Cougar Ave.
 - b. Morgan Lee shop
 - c. CertainTeed – 88 Road 2AB
 - d. J&K Subdivision residences
 - e. Cody Labs – 119 Road 2AB
 - f. Ed Higbie shop – 171 Blackburn Ave
 - g. Burger King remodel
 - h. Rodney Hayes storage building – 324 Blackburn Ave
 - i. Long Range Investments storage building – 319 Robert St
 - j. West Park Hospital – final inspections set for December 18 & 19
 - k. Plan review – 2202 Cougar Ave. duplex
 - l. Plan review – H.R. Coe Park Ave. residence
 - m. Plan review – 416 D-Y Road storage building
 - n. Plan review – Edward Jones 1121 13th Street
 - o. Plan review – WPH Cafeteria build-out and Connector Project
3. September and October 2014 Building Permit Report.
4. Third Quarter Building Permit Report

F. **Matters from Board Members:** (announcements, comments, etc.)

1. Finishing up terms at end of 2104
 - a. Roy Holm – Architect/Civil Engineer member
 - b. Kim Nelson – Building Contractor member

G. **Adjournment:**

The public is invited to attend all Contractors' Board meetings. If you plan to attend or need special accommodations to participate in the meeting, please call the City office at (307)527-7511 at least 24 hours in advance of the meeting to make arrangements.

Application Fee: \$50.00

License Fee: \$100.00

CITY OF CODY
Contractors' License Prequalification Statement

Business Name: MKM Construction, Inc. Date: 10-6-14

DBA: Corporation Partnership Sole Proprietor

Location: 1025 Tracy Way City: Park City State: MT Zip: 59063

Mailing Address: PO Box 308 City: Laurel State: MT Zip: 59044

Phone: 406-628-8007 Cell: Fax: 406-628-9384

E-mail: moran-mkm@charter.net

License: Class A General Contractor / Class B Electrical, Plumbing, HVAC / Class C Other
Specific Area of Work: Concrete

Which of the following do you have and maintain sufficiently to comply with all Federal, State and Local laws?

State Sales Tax ID: Yes: No: Number:

Federal ID: Yes: X No: Number: 81-0509301

State ID: Yes: No: Number:

Workmen's Compensation: Yes: X No: Number: 03-412745-6

Public Liability and Property Damage: Company: Hub International

Expiration Date: 4/15 Number: BKW 15 53 915769

Name of Principals (Including Positions and Local Representatives)

Name: Travis Moran Position: President Email: sraa Phone: 406-628-8007

Name: Cindy Moran Position: Vice President Email: Phone: "

Name: Position: Email: Phone:

Have you previously applied for a license in Cody? Yes When? 2013

Good Until: 12-2013

How long has your organization been in business? 18 years

Under this name? yes Other names?

List experience and/or qualifications which may apply to the license application:

Cody Walmart / concrete work
Cody Hospital " "

Have you ever filed bankruptcy or failed on any financial obligations? NO
If so, give specifics: _____

Have you or other principals failed to complete any work awarded to you? _____
If so, where, when and why? NO

Are you familiar with the codes and regulations in Cody concerning your work areas? yes

Name and address of Master License where applicable: _____
International Building Code Testing
State of Wyoming

The above are true and accurate to the best of my knowledge and belief. References may be verified. I am aware that any false statements shall void this application.

Name of Organization _____
MKM Construction, Inc.
By: Cindy Moran

State of MT

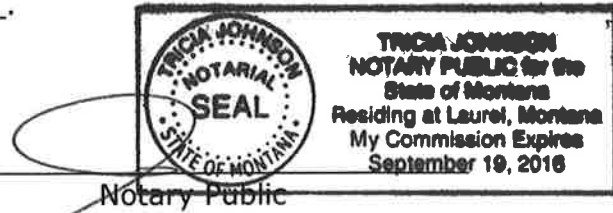
SS

County of Yellowstone

The foregoing instrument was acknowledged before me by Cindy Moran

this 4 day of Oct. 2014.

Witness my hand and official seal.



My commission expires 09/19/2016.

Chairman of the Board _____ Approve _____ Deny _____

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/07/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hub Int'l. Mountain States Ltd 3533 Gabel Road Billings, MT 59102 406 652-9151	CONTACT NAME: Chris Jermunsn	
	PHONE (A/C, No, Ext): 406 652-9151 FAX (A/C, No): 406 652-7838	
	E-MAIL ADDRESS: Kristin.Piccioni@hubinternational.com	
INSURED MKM Construction, Inc. P.O. Box 308 Laurel, MT 59044	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : West American Insurance Company	44393
	INSURER B : Ohio Casualty Insurance Company	24074
	INSURER C : American Fire and Casualty Comp	24066
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			BKW53915769	05/14/2014	05/14/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAA53915769	05/14/2014	05/14/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			USO53915769	05/14/2014	05/14/2015	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Equipment Leased or Rented From Others			BKW53915769	05/14/2014	05/14/2015	Per Item Limit: 100,000 Aggregate: 100,000 Deductible: 500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The certificate holder is an additional insured on a primary and non-contributory basis with regards to General Liability per form CG8810 0413 as required by contract or agreement. Waiver of Transfer of Rights of Recovery applies in favor of the certificate holder with regards to General Liability per form CG8810 0413 when required in a contract or agreement.

CERTIFICATE HOLDER

CANCELLATION

City of Cody PO Box 2200 Cody, WY 82414	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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COMPANY PROJECT HISTORY

Please provide a list of specific projects.

Project Name	Owners Name	Address	Phone	Scope	Time Frame
College of Technology	Hardy Construction	Bigs.		Concrete	2008
Bozeman High	Dick Anderson Construction	Bozeman		"	2009
Douglas Care Center	Fisher Const.	Douglas, WY		"	2010
Huntley Project School	Fisher Const.	Huntley, MT		"	2011
O'Reilly	Vantassel Proctor	Bigs. MT		"	2012
Fedex Billings Broadwater School	Zirkelbach Const.	Bigs.		"	2013
	Hardy Const.	Bigs.		"	2014

If you need additional space, please attach a separate page.

Application Fee: \$50.00

License Fee: \$100.00

CITY OF CODY
Contractors' License Prequalification Statement

Business Name: Cody Electric Contractor LLC Date: 10-21-14

DBA: _____ Corporation Partnership Sole Proprietor

Location: 2705 D Ave City: Cody State: WY Zip: 82414

Mailing Address: 2705 D Ave City: Cody State: WY Zip: 82414

Phone: 272-9351 Cell: 272-9351 Fax: _____

E-mail: chuey_9@msn.com

License: Class A General Contractor Class B Electrical Plumbing, HVAC / Class C Other

Specific Area of Work: Electrical contractor

Which of the following do you have and maintain sufficiently to comply with all Federal, State and Local laws?

State Sales Tax ID: Yes: _____ No: _____ Number: Pending

Federal ID: Yes: X No: _____ Number: 47-2093021

State ID: Yes: X No: _____ Number: 2014-000673526

Workmen's Compensation: Yes: _____ No: _____ Number: Pending

Public Liability and Property Damage: Company: HBI Insurance

Expiration Date: 10-30-15 Number: QWR-020

Name of Principals (Including Positions and Local Representatives)

Name: Jonathan Chuey Position: owner Email: chuey-9@msn.com Phone: 272-9351

Name: _____ Position: _____ Email: _____ Phone: _____

Name: _____ Position: _____ Email: _____ Phone: _____

Have you previously applied for a license in Cody? NO When? _____

Good Until: _____

How long has your organization been in business? Just starting new business

Under this name? _____ Other names? _____

List experience and/or qualifications which may apply to the license application: _____

Journeyman Electrician - J-4409

Master Electrician - M-41767

Manager / Supervisor of Cody Electric, Inc

President of Cody Electric, Inc

Have you ever filed bankruptcy or failed on any financial obligations? NO

If so, give specifics: _____

Have you or other principals failed to complete any work awarded to you? NO

If so, where, when and why? _____

Are you familiar with the codes and regulations in Cody concerning your work areas? YES

Name and address of Master License where applicable: _____

The above are true and accurate to the best of my knowledge and belief. References may be verified. I am aware that any false statements shall void this application.

Name of Organization

Cody Electric Contractor

By: [Signature]

State of Wyoming

SS

County of Park

The foregoing instrument was acknowledged before me by Jonathan V Chuey Jr

this 21st day of October 21, 2014.

Witness my hand and official seal.



Valorie Klimisch
Notary Public

My commission expires 9.17.2017.

Chairman of the Board _____ Approve _____ Deny _____

PERSONAL WORK HISTORY

Please provide your personal work history to establish your minimum required time. Begin with your most recent employer first. List all positions you have held. Account for all the time between your first and last construction related employment listing whether the work done was construction related or not. Please note that time worked **MUST** be verifiable. It may be easier to have time worked documented in letter form from former employers. Failure to provide this information may be cause to delay or cause denial by the Contractor's board.

Employer Name	Address	Phone	Position Held and Primary Duties (i.e. project mgr, superintendent Foreman carpenter, laborer, etc.)	Time Frame
Cody Electric, Inc	1814 Central Ave Cody, WY	587-9350	Journeyman / Master Electrician President, Project Manager	25 yrs

If you need additional space, please attach a separate page.

COMPANY PROJECT HISTORY

Please provide a list of specific projects.

Project Name	Owners Name	Address	Phone	Scope	Time Frame
Yellowstone Regional Airport	YRA	2101 Roger Sedum Dr - Cody	587-5096		2011
YRA Runway	YRA	2101 Roger Sedum Dr	587-5096		2013
Spirit Mt. Hospice	West Park Hospital	1021 N 9th St Cody, WY	578-2413		2012
Certain-Teed Gypsum	CTG	88 County Road 2AB - Cody	587-2238		2014
Georgia-Pacific	GP	2120 Lane 16 1/2 Lovell, WY	548-2283		2014

If you need additional space, please attach a separate page.

Penrose Plumbing and Heating, Inc.
1814 Central Avenue, Cody, WY 82414
307-527-7422

October 22, 2014

RE: LETTER OF RECOMMENDATION

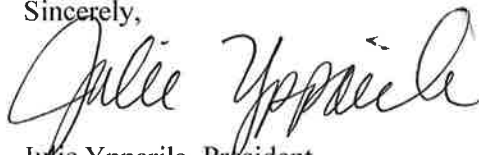
To Whom It May Concern:

We, as a plumbing and heating contractor, have used Jon Chuey from Cody Electric for over 25 years. We feel he is very experienced in the electrical field. During those years, he has also been able to diagnose problems over the phone a number of times when we were in very tough circumstances on the job far away.

When our customers have needed an electrician, we have not hesitated to give them Jon's number, as he is very honest and competent in completing any job requiring his expertise. He has always been very good with our customers, which is important to us as we receive feedback from them on the work performed. We have never received any complaints about his performance or personality.

With the knowledge we have of Jon's ethics and business practices, we would highly recommend him for any electrical needs.

Sincerely,

A handwritten signature in cursive script, appearing to read "Julie Ypparila".

Julie Ypparila, President
Penrose Plumbing and Heating, Inc.

SHERIDAN CAPITAL LLC

1285 SHERIDAN AVE. SUITE 270
CODY, WYOMING 82414
PH: 307-527-5687 Cell 307-899-5687
E Mail : swolz@vcn.com

10/21/14

Re: Letter of Recommendation

To Whom It May Concern

I have been associated with Cody Electric, Inc. and Jon Chuey since we built the Sheridan Building in 1997. Since then, there have been various projects at the Sheridan Building and also my own personal residential projects that have been completed by Cody Electric, Inc.

Jon Chuey is trustworthy, dependable, and very professional. All his projects have been completed in a timely fashion. He pays particular attention to electrical safety requirements and customer satisfaction. I know Jon has always been hard working, committed to keeping his employees safe and giving the customer the best possible service.

I would, and do, recommend Jon Chuey and Cody Electric, Inc. to anyone who needs residential, commercial, or industrial electrical services.

Sincerely,



**Stan Wolz, Operating Manager
Sheridan Capital, LLC**

Cowan Construction, Inc.

P. O. Box 276
1511 Gulch Street
Cody, Wyoming 82414
Phone: (307) 587-9829

October 20, 2014

To Whom It May Concern

RE: LETTER OF RECOMMENDATION

I have been associated with Cody Electric, Inc. for over 25 years and personally with John Chuey for the better part of those years. Together, we have completed many projects from large industrial buildings to residential remodels.

John has always demonstrated the very best service commitments and quality controls during the construction of these projects. His technical knowledge with respect to the complex Electrical requirements involved in these projects was excellent and served us well to ensure the customer's satisfaction.

Throughout the many years of doing business together, I cannot recall of any safety violations or occurrences that were attributable to Cody Electric, Inc. Safe working practices have always been part of their job performance.

I would certainly recommend John Chuey and Cody Electric, Inc. to any of our customers who require electrical services.

Sincerely,



Dale Cowan
President - Cowan Construction, Inc.
General Contractor



November 3, 2014

RE: Letter of Recommendation

To Whom It May Concern:

John Chuey and Cody Electric have performed work for the Yellowstone Regional Airport for at least the last 10 years. They also provided the electric contracting services for the new passenger terminal building constructed in 2010.

All of the work performed by John Chuey has been fairly priced and completed to the customer's satisfaction. John takes great pride in the work he and his staff perform. I would recommend John Chuey and Cody Electric to anyone needing electrical services.

Sincerely,

Bob Hooper
Airport Manager



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/03/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER HBI Insurance Services, Inc. 2229 Big Horn Avenue PO Box 1717 Cody, WY 82414	CONTACT NAME:		PHONE (A/C. No., Ext): 307-527-6929		FAX (A/C, No): 307-527-6950
	E-MAIL ADDRESS:				
INSURER(S) AFFORDING COVERAGE					NAIC #
INSURER A : Acuity					14184
INSURER B :					
INSURER C :					
INSURER D :					
INSURER E :					
INSURER F :					

INSURED
Cody Electric Contractor Llc
2705 D Ave
Cody, WY 82414

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			Z07656	10/27/2014	10/27/2015	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			Z07656	10/27/2014	10/27/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE	\$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

CITYCOD

CITY OF CODY
P O BOX 2200
CODY, WY 82414

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

This is to Certify that

Jonathan V. Chuey Jr

is registered with the Wyoming Department of Fire
Prevention and Electrical Safety
and is hereby permitted to work as a

Master Electrician

Issue Date:
Expires:

6/3/2014
7/1/2017

License #
Issued by:

M-41767
Lynn DeVilbiss



This is to Certify that
**CODY ELECTRIC CONTRACTOR,
LLC.**

Is registered with the **Wyoming** Department
of Fire Prevention & Electrical Safety
and is hereby permitted to work as a

Electrical Contractor

Issue Date: 10/20/2014

License # C-30244

Expiration Date: 07/01/2015

Issued by: LED



This is to Certify that
**CODY ELECTRIC CONTRACTOR,
LLC.**

Is registered with the **Wyoming** Department
of Fire Prevention & Electrical Safety
and is hereby permitted to work as a

Electrical Contractor

Issue Date: 10/20/2014

License # C-30244

Expiration Date: 07/01/2015

Issued by: LED