State of Arkansas
CONTRACTORS LICENSING BOARD

Commercial
New Application

$100.00 Filing Fee - NON-REFUNDABLE

MAIL TO:

CONTRACTORS LICENSING BOARD
4100 RICHARDS ROAD
NORTH LITTLE ROCK, ARKANSAS 72117
Main Phone Number (501) 372-4661
FAX Number (501) 372-2247
Web Site: www.arkansas.gov/clb

PLEASE READ THE INSTRUCTIONS (page 2) BEFORE COMPLETING THE APPLICATION

Revised 1/2012 (Commercial New App)

COMMERCIAL INSTRUCTIONS / CHECKLIST

Your completed application must be in this office seven (7) business days prior to a board meeting to be reviewed. If your application is not complete, you have 90 days from the date we receive the application to send the missing items. After the 90 days, another application and another fee will be required.
By getting a commercial license you automatically qualify to do residential work in the same classification(s) as those listed on the commercial license.

1. Complete Application. ***(All lines need to be filled in, if one does not apply to you enter "N/A")***
   (a) Pages 3, 4, 8 and 9 completed.
   (b) Appropriate business style affidavit and affidavit regarding bidding signed and notarized (pages 10 and 11). We cannot accept a notarized statement more than 90 days old.

2. $100.00 filing fee made payable to the Contractors Licensing Board. (**NON-REFUNDABLE**)

3. Three (3) written references (pages 5, 6 and 7 forms provided). The references should not be from a supplier or banker, unless they have actually observed your work and can describe it. The purpose of these references is to verify you have at least five (5) years of the required experience to receive the classification(s) you have requested. Please refer to page 4 of this application or to the blue booklet (Act 150) if you have any questions about the classification(s). **THE INDIVIDUALS GIVING THE REFERENCES, NOT THE PERSON APPLYING FOR THE LICENSE, MUST COMPLETE THE REFERENCE FORMS.**

4. Copy of the Arkansas Business and Law test score. **The license can be approved but not released without this passing test score. Please refer to page 16 & 17 for more information about the test.**

5. Fully executed $10,000.00 Contractor's Bond. **The license can be approved but not released without the bond. Please refer to pages 14 & 15 for more information about the bond.**

6a). A reviewed or audited financial statement must be submitted. **COMPILATIONS WILL NOT BE ACCEPTED. THERE ARE NO EXCEPTIONS. The date the review or audit was prepared for, not the date the financial was signed must be less than one year old**. (The expiration date of your license will be determined by the date of the financial statement submitted.) The reviewed or audited financial statement must include:
   (1) reviewed or audited opinion letter from an Independent CPA;
   (2) balance sheet prepared in the "percentage of completion" or "completed contract method".
   DO NOT SUBMIT AN INCOME TAX BASIS FINANCIAL STATEMENT;
   (3) all footnotes to the balance sheet (See Ark. Code Ann. 17-25-304)

6b). REFER TO Rules and Regulations Act 150 (224-25-6). One half (1/2) of the net worth requirement for the classification(s) requested must be CASH in the bank and **cannot be a stockholder note to the company or receivables**. See net worth requirements in Rules and Regulations Act 150 (224-25-6 (c)). **Example: If you ask for a Building classification, the net worth requirement is $50,000 you will need $25,000 cash in the bank. If you ask for a specialty classification, the net worth requirement is $5,000 you will need $2,500 cash in the bank.**

7. If you are applying as a Corporation, LLC, or LP you will also need to attach a copy of the Articles/Filings from your entity's Secretary of State's Office. If you have registered a fictitious name for this company you will need to attach a copy of the fictitious name registration.

8. **If the applicant has employees:** You must have Worker's Compensation insurance coverage. Provide us with a current certificate of insurance verifying Worker's Compensation insurance coverage. **The license can be approved but not released without this Worker's Compensation insurance certificate.**

9. **If the applicant is also applying for a Residential License with a classification different from that of the commercial license:** The applicant will need to complete the New Application for a Residential License. No additional fee or test is required, but the application must be completed and references given for the appropriate classification requested to work in the Residential industry.

Do not write in this space - CLB OFFICAL USE ONLY

Filing Fee: _____ **ID#:** _____

Commercial New Application

PRINT NAME OF COMPANY OR NAME OF INDIVIDUAL (IF APPLYING AS A SOLE PROPERIORSHIP) AS YOU WISH IT TO APPEAR ON LICENSE. IF YOU ARE APPLYING AS A CORPORATION, LLC, OR LLP YOU MUST USE THE EXACT NAME AS REGISTERED WITH THE SECRETARY OF STATE OFFICE. APPLICANTS MUST CONDUCT THEIR CONTRACTING BUSINESS UNDER THE EXACT NAME SHOWN UPON THEIR LICENSE

ANSWER ALL OF THE FOLLOWING QUESTIONS, IF A QUESTION DOES NOT APPLY TO YOU ENTER "N/A":

Company or Individual Name _____

D/B/A Name _____
(Doing Business As)

If applying as Corporation / LLC, list the Federal ID# _____

Mailing Address _____City _____ State ____

Zip Code _____ County/Parish _____ Company Tax Year End _____

Name of Person to Contact With Any Questions _____

Contact Phone _____

Fax Number _____

E-mail Address _____

Complete the following with information for the person that will take or has taken the Business & Law Exam

Name _____ Social Security # _____

How long have you been with this company? _____ Position held with this company _____

Check one of the following: _____ Full time paid employee (with W-2 income)
_____ Officer, member, or partner of the company and is actively involved in the day to day operations
_____ Sole Owner

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CLASSIFICATIONS

If you are applying for one of our "MAJOR" CLASSIFICATIONS listed below please indicate by circling that class. A description of each class can be found in our Arkansas State Licensing Law for Commercial Contractors Regulation 224-25-5(i) of Act 150. **Note The "mechanical" and "electrical" classifications require certain Arkansas trade license(s).**

Heavy Construction
Municipal & Utility
Light Building
Electrical *(Arkansas trade license required)*
Highway, Railroad & Airport
Building
Mechanical *(Arkansas trade licenses required)*

If a "SPECIALTY(s)" is requested list each specialty class below:
(See Regulation 224-25-5(i)(8) of Act 150 for a list of specialty(s).

_____

_____

_____

What type(s) of work do you propose to perform as a Licensed Contractor: (Be specific) _____

_____

_____

If any of the following classifications are being requested then attach a copy of your Arkansas trade license/certificate.

Asbestos Abatement
Boiler Construction or Repair
Electrical
Elevator
Fire & Burglar Alarm
Fire Sprinkler
Gas Fitter
HVACR
Landscaping w/planting
Lead Abatement
Plumbing
Refrigeration & Cold Storage
Sheet Metal, Ducts
Underground Storage Tank
Water Wells

Complete the following section for each person that holds an Arkansas trade license/certificate (if more than one attach information separately).

Name _____ Social Security # _____
How long have you been with this company? _____ Position held with this company _____
Check one of the following: _____ Full time paid employee (with W-2 income)
_____ Officer, member, or partner of the company and is actively involved in the day to day operations
_____ Sole Owner

Verify five (5) years appropriate experience on each reference (pages 5, 6, and 7) for each classification requested.

Contractors Licensing Board
4100 RICHARDS ROAD
NORTH LITTLE ROCK, ARKANSAS 72117
Main Phone 501-372-4661 (FAX 501-372-2247)

REFERENCE INFORMATION

(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly.)

APPLICANT NAME & ADDRESS as shown on application

_____
_____
_____

(GIVE DETAILED ANSWERS) THE PURPOSE OF THIS FORM IS TO VERIFY WORK EXPERIENCE, NOT CREDIT HISTORY.

1. **Are you related or affiliated to the owners of the company or any of the employees? Yes _____ No _____**
   If yes, you are not eligible to complete this form. STOP!!!

2. **If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for:_____**

3. **To your personal knowledge, how long has the individual or company been performing the type of work listed in this reference?_____**

4. **List the kinds of work this company or individual has completed that you are aware of. Be very detailed:_____**

   _____

5. **List any projects this company or individual has completed of which you have first hand knowledge: (be specific– list the name of project(s), dollar amount and sq. ft. if applicable, and date that the project(s) was done).**

   _____

   _____

6. **Has this company or individual ever failed to complete a project or job that you are aware of? Yes ____ No ____**
   If yes, explain _____

   _____

7. **In your own words describe this company or individual's overall performance and ability to meet the customers needs. _____**

   _____

8. **Would you recommend this individual or company to be a licensed contractor? Yes ____ No ____ If the answer is no, why? _____**

9. **Has this individual or company ever failed to pay for materials, employees or subcontractors that you are aware of? Yes _____ No _____ If yes, give details:_____**

   _____

Reference givers name & address:_____

_____

_____

Signature_____

Date _____

Phone No._____

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Reference givers name & address:_____

_____

_____

Signature_____

Date _____

Phone No._____

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_____

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_____

Reference givers name & address:_____

_____

_____

Signature_____

Date _____

Phone No._____

Revised 01/2012

APPLICANT'S INFORMATION

***Note:* The Word "You" means, for the purpose of the following questions, this organization, any officer of the company, the qualifier of this company, you, or anyone who owns 10% or more of the entity.**

1. Indicate the type of entity seeking a license by circling one of the choices below:

   INDIVIDUAL CORPORATION PARTNERSHIP LLC LP OTHER_____

2. How long has your organization been in business as a contractor under your present business name?_____

3. How many years of work experience does the trade or classification qualifier for this license have? _____

Yes___ No___ 4. Have you ever failed to complete any work awarded to you? (See definition of "you" above) **If yes, attach separately a statement of circumstance.**

Yes___ No___ 5. Have you ever been an investor, partner or officer of some other organization that failed to complete a construction contract? (See definition of "you" above) **If yes, attach separately the name of the individual, other organization and reason for failure.**

Yes___ No___ 6. Have you filed bankruptcy or were you a part of any other organization that has filed bankruptcy within the last ten (10) years? (See definition of "you" above) **If yes, attach and an explanation as to why bankruptcy had to be filed, along with a copy of the document prepared by your attorney listing the creditors and a copy of the bankruptcy discharge.**

Yes___ No___ 7. Have you ever been convicted of a felony? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes___ No___ 8. Do you or any construction related entity in which you own 10% or more, have any outstanding liens, judgments, or pending litigation? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes___ No___ 9. Have you ever had a contractors license or been associated with a contractors license in this or any other state? (See definition of "you" above) **If yes, attach separately details.**

Yes___ No___ 10. Have you ever been penalized, or disciplined by the Arkansas Contractors Licensing Board or the Arkansas Residential Committee? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes___ No___ 11. Have you ever had a contractors license revoked, suspended or surrendered in this or any other state? (See definition of "you" above) **If yes, attach separately details.**

Yes___ No___ 12. Do you knowingly employ individual(s) without legal authority to work in the United States? (See definition of "you" above)

Yes___ No___ 13. Do you knowingly hire workers, as independent contractor(s), who do not have legal authority to work in the United States? (See definition of "you" above)

Yes___ No___ 14. Are you legally authorized to work in the United States? (See definition of "you" above)

Yes___ No___ 15. Do you understand that the failure to comply with the Federal law on the hiring, as employees or as subcontractors, of workers without legal authority to work in the United States can lead to the revocation of your contractor's license in the State of Arkansas? (See definition of "you" above)

Yes___ No___ 16. Does this applicant have any employees?

Yes___ No___ 17. Does the applicant have Workers Compensation Insurance?

CORPORATION, LLC, or LP DATA:

Date Company Incorporated _____

* Date Registered at Arkansas Secretary of State (501-682-3409) as a Foreign Entity _____

(*This process must be completed before you begin work in the State of Arkansas if you are a foreign entity.)

President _____ SSN _____

Vice-President_____ SSN _____

Secretary _____ SSN _____

Treasurer _____ SSN _____

OR

PARTNERSHIP DATA:

Date Partnership Formed _____

State whether partnership is general, limited or associated: _____

List all stockholders, members, or partners who own 10% or more interest in this entity (please print each name) along with their Social Security number or EIN# if a Company or LLC.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Revised 01/2012

AFFIDAVIT FOR COMPANY
(Corporation, LLC, LP or Partnership)

I, _____, being duly sworn, state under oath:
(Name of Owner/Officer/Member/Partner)
That I am _____of _____;
(Position held) (Company Name)
Further, that the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that I am familiar with the books and records of the above mentioned company showing its financial condition; that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from the books and records of said company and form a true and accurate statement of the financial condition of said company as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq.

_____
(Applicant Sign Here)

State of _____
County of _____
Acknowledged before me, this _____ day of _____, 20___
My Commission expires: _____

_____
(Notary Public Signature) & Seal

AFFIDAVIT FOR INDIVIDUAL

I, _____ being duly sworn, states under oath:
(Individual's Name)
That the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from my books and records and form a true and accurate statement of my financial condition as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq.

_____
(Applicant Sign Here)

State of _____
County of _____
Acknowledged before me, this _____ day of _____, 20___
My Commission expires: _____

_____
(Notary Public Signature) & Seal

Revised 01/2012

AFFIDAVIT REGARDING BIDDING OR PERFORMANCE OF WORK

COMMERCIAL NEW APPLICATION

I, _____, being duly sworn, states under oath: that, he or she is
(Name of Owner/Partner/Officer/Member)
_____ of _____
(Position Held) (Company Name)

the applicant named herein; that with respect to any **Commercial** contract work in the State of Arkansas in the amount of $20,000.00 or more, including but not limited to labor and materials.
The Applicant:

1. Is not now a party on any contract for such work.
2. Does not have outstanding any such work or any bid for such work.
3. Will not bid, contract or perform any such work until such time as the applicant is approved and a license has been issued to the applicant.

_____
(Signature of individual owner, partner, member or a responsible officer)

State of _____
County of _____
Acknowledged before me, this _____ day of _____, 20___
My Commission expires: _____

_____
(Notary Public Signature) & Seal

IF YOU DO NOT HAVE A LICENSE AND YOU HAVE BID OR CONTRACTED ANY WORK REQUIRING AN ARKANSAS CONTRACTORS LICENSE, YOUR BID MUST BE WITHDRAWN OR YOUR CONTRACT VOIDED (PROOF MUST BE SUBMITTED TO OUR OFFICE) BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

IF YOU HAVE ANY WORK IN PROGRESS THAT REQUIRES AN ARKANSAS CONTRACTORS LICENSE YOU MUST COMPLETE THE FOLLOWING QUESTIONS BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

List Project Name & Address:

_____

_____

_____

When Project Started: _____

Dollar Amount of Project: _____

******The submission of an incomplete or false affidavit constitutes fraud or deceit in obtaining a license and may result in the revocation of your license.******

This affidavit does not apply to bids offered to the Arkansas State Highway Department for work on Federal aid highway projects.

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CHECKLIST OF HELPFUL NUMBERS

FOR CONTRACTORS PLANNING TO OPERATE IN THE STATE OF ARKANSAS

THE FOLLOWING IS A LIST OF REGULATORY AGENCIES TO WHICH YOU COULD BE RESPONSIBLE WHILE DOING BUSINESS IN THE STATE OF ARKANSAS.

CONTRACTORS LICENSE ……	Contractors Licensing Board 4100 Richards Road North Little Rock, AR 72117 Telephone: (501) 372-4661
CORPORATE FRANCHISE TAX ..... Note: All Corporations are required to register and pay franchise taxes.	Secretary of State Victory Building, Ste 250 1401 W Capitol Little Rock, AR 72201 Telephone: (50l) 682-3409
INDIVIDUAL INCOME TAX.....	Individual Income Tax Section Revenue Division Department of Finance & Admin. P O Box 3628 Little Rock, AR 72203 Telephone: (501) 682-7272
CORPORATE INCOME TAX	Corporation Income Tax Section Revenue Division Department of Finance & Admin. P O Box 919 Little Rock, AR 72203 Telephone: (501) 682-4775
SALES & USE TAXES ....….....	Sales and Use Tax Section-Revenue Division Department of Finance & Administration P O Box 1272 Little Rock, AR 72203 Telephone: (50l) 682-7104
UNEMPLOYMENT COMPENSATION..	Arkansas Employment Security Division P O Box 8007 Little Rock, AR 72203 Telephone: (50l) 682-3276
WORKERS COMPENSATION	Arkansas Workers Compensation Commission 4th & Spring Streets, PO Box 950 Little Rock, AR 72203-0950 Telephone: (501) 682-3930 or 800-250-2511

(SEE OTHER SIDE)

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****UNDERGROUND STORAGE TANKS ASBESTOS, LEAD ABATEMENT**.	Arkansas Department of Environmental Quality 8001 National Drive, PO Box 8913 Little Rock, AR 72219-8913 Telephone: (501) 682-0999 (U.S.T.) (501) 682-0718 (Asbestos & Lead)
****PLUMBING, GAS FITTERS HVACR BOARD, SHEET METAL, REFRIGERATION & COLD STORAGE**	Arkansas State Health Department Plumbing & Natural Gas Division 4815 West Markham Slot #24 Little Rock, AR 72205-3867 Telephone: (501) 661-2642
****FIRE & BURGLAR ALARMS ...**	Arkansas State Police Fire Marshal 1 State Police Plaza Drive Little Rock, AR 72209 Telephone: (501) 618-8600
****SPRINKLERS .....**	Arkansas Fire Protection Board 7509 Cantrell Road Suite 103A Little Rock, AR 72207 Telephone: (501) 661-7903
****ELECTRICAL .....**	Board of Electrical Examiners - AR Department of Labor 10421 West Markham Little Rock, AR 72205 Telephone: (501) 682-4549
****ELEVATOR SAFETY .....**	Safety Division-Arkansas Department of Labor 10421 West Markham Little Rock, AR 72205 Telephone: (501) 682-4530
****BOILERS .....…….**	Boiler Division - Arkansas Department of Labor 10421 West Markham Little Rock, AR 72205 Telephone: (501) 682-4513
****LANDSCAPING w/PLANTING**……..	Arkansas State Plant Board 1 Natural Resources Drive Little Rock, AR 72205 Telephone: (501) 225-1598
****WATER WELLS**……	Arkansas Water Well Commission 101 E Capitol, Ste 350 Little Rock, AR 72201 Telephone: (501) 682-1025 / (501) 682-3900
LABOR STANDARDS	Labor Standards Administrator-Arkansas Dept. of Labor 10421 West Markham Little Rock, AR 72205 Telephone: (501) 682-4501
ONLINE DIRECTORY …….	www.arkansas.gov/directory

PLEASE NOTE: *This list does not include all of the State Regulatory Offices, which you might need to contact. You should contact your accountant or attorney as to the other agencies, which must be contacted due to the special nature of your business.*

******Requires proof of prior certification before Contractors Licensing Board will approve classification(s).******

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INSTRUCTIONS FOR COMPLETION
OF THE $10,000 CONTRACTORS BOND

This bond is required only of applicants for a **commercial license**.

Only this prescribed form will be accepted. Any alterations to this form must have prior approval from the Contractors Licensing Board.

Your company name (Principal) **must match exactly** as it will appear, or does appear, on your Contractors License.

An owner, officer, member or partner must sign the bond form as Principal before mailing.

All Principal, Surety and Agent information requested on this form must be provided.

Any change in your Federal Employer Identification Number requires a new bond to be executed. Any change in your address requires an endorsement rider from your agent. Any change in your company's name will require other documentation, ****please call for instructions first.**

******If you are having difficulties obtaining this bond, your only other options are filing a cash bond or an Irrevocable Letter of Credit from your bank.

ATTENTION AGENTS

An Arkansas Resident or an Arkansas Non-Resident agency, agent, broker or producer that is currently licensed by the Arkansas Insurance Department must execute this bond. A copy of your license must be attached.

The bond may be executed solely by the surety company. An underwriter that works directly for the surety need only to sign as Attorney-in-Fact and type under your signature that you are a "direct underwriter".

****Contact Phyllis Isham at 501-371-1505 or phyllis.isham@arkansas.gov for more information.**

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$10,000 CONTRACTOR'S BOND

Required by A.C.A. § 17-25-401

Effective Date_____

STATE OF ARKANSAS

Bond Number_____

WHEREAS, under the terms of A.C.A. § 17-25-401, et. seq., every contractor described therein must file with the Contractors Licensing Board a corporate surety bond or cash bond to secure compliance with A.C.A § 17-25-401, et. seq.

WHEREAS, every such contractor is required to comply with all the terms of said Code, and all rules and regulations promulgated by the Contractors Licensing Board pursuant to the authority of said Code, in the performance of contracts in the State of Arkansas:

NOW, therefore, we, the undersigned,_____
Principal's Company Name As You Will Be Licensed

_____
Principal Business Address (Physical) City State Zip Code Telephone Number

as principal, and_____
Surety's Name

_____
Surety Address City State Zip Code Telephone Number

as surety, are held firmly bound to the State of Arkansas in the Sum of Ten Thousand Dollars ($10,000) for payment of which we bind ourselves, our heirs, assigns, executors and administrators, jointly and severally, conditioned that if the undersigned principal shall promptly pay any amount of money due as provided in A.C.A. § 17-25-401, et. seq., then this obligation shall be null and void; otherwise, it shall be in full force and effect.

The surety reserves, however, the right to cancel the above bond on the giving of sixty (60) days written notice to the principal and to the State (Contractors Licensing Board).

Agent's/Broker's/Producer's Company Name	***Principal's Signature (Owner, Officer, Partner, Member)***
Mailing Address and Telephone Number	***Title***
City/State/Zip Code	***Principal's Federal I.D. and/or Social Security Number***
Agent's/Broker's/Producer's Signature	***Attorney-in-Fact's Signature***

This bond shall be executed by an agency, agent, broker or producer that is properly licensed with the Arkansas Insurance Department, a copy of such license must be attached.

MAIL ORIGINAL BOND AND ITS POWER OF ATTORNEY TO:
Contractors Licensing Board, 4100 Richards Road, North Little Rock, AR 72117

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Arkansas Business & Law Test
(Instructions)

The test is given by an independent testing company (Prometric). If you have questions about the test or need more information beyond what is furnished here please call them at 888-763-0131.

Registration Instructions:

1. Call 1-888-763-0131 or visit www.experioronline.com
2. Register for **ARO4 Program name.**
3. **Exam Code 100**.
4. The operator will assist you in finding the nearest Testing Center.
5. The test is administered 6 days a week (M-F 8:00 a.m. -8:00 p.m., Sat 8:00 a.m. - 4:00 p.m.)
6. Payment – Prometric will accept VISA, MasterCard, American Express or a check can be drafted from your checking account (have a check ready for relaying the appropriate numbers). The charge for the test is $80.00.
7. You will receive a confirmation number and directions to the testing center (note these at the bottom of this page).
8. The test is open book, multiple choice, 50 questions, with a 2-hour time limit.
9. The book (Arkansas Contractors Guide to Business, Law and Project Management) is available from the Contractors Licensing Board for $35.00, which may be purchased with credit card by calling (501) 372-4661, or send a check or money order for $35.00 and a request for the book to:

   Arkansas Contractors Licensing Board
   4100 Richards Road
   North Little Rock, AR 72117

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