State of Arkansas
Contractors Licensing Board

Commercial
New Application

$100.00 Filing Fee - NON-REFUNDOABLE

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

Effective Date 8/2018 (Commercial New App)
You can apply for a “Commercial license” or a “Restricted Commercial license”.

With a “Restricted Commercial license” you can ONLY do Commercial projects that are less than $750,000, including, but not limited to, labor and material.

Please “✓” the box for the license being applied for....

☐ “Restricted Commercial license”
“Restricted Commercial license” can ONLY do Commercial projects that are less than $750,000 including, but not limited to, labor and material.
See page 3 for instructions

☐ “Commercial license”
“Commercial license” can do a/an Commercial projects of any size.
See page 4 for instructions
Your completed application must be in this office three (3) weeks prior to a board meeting to be reviewed. For a list of meeting dates, check our website at www.arkansas.gov/clb. Once the application is received in our office, it must be complete by 90 days. After 90 days, another application and filing fee, etc. will be required.

By obtaining a commercial license you automatically qualify to do residential work in the same classification / specialty(s) as those listed on the commercial license.

1. Complete Application. (All lines need to be filled in, if one does not apply enter “N/A”)
   (a) Pages 2, 5, 6, 7, 11 & 12 completed.
   (b) Appropriate business style affidavit and affidavit regarding bidding signed and notarized (pages 13 and 14). We cannot accept a notarized statement more than 90 days old.

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

3. Three (3) written references (pages 8, 9 and 10 forms provided). The references should not be from a supplier or banker, unless they have actually observed work and can describe it. The purpose of these references is to verify you have the appropriate required experience to receive the classification(s) / specialty(s) requested. Please refer to page 6 and 7 of this application or the blue booklet (Act 150) for any questions about the classification(s) / specialty(s). THE INDIVIDUALS GIVING THE REFERENCES, NOT THE PERSON APPLYING FOR THE LICENSE, MUST COMPLETE THE REFERENCE FORMS. We cannot accept references that are more than 90 days old.

4. Copy of the Arkansas Business and Law passing test score. The license can be approved but not released without this passing test score. Please refer to page 19 & 20 for more information about the test.

5. Fully executed $10,000.00 Contractor’s Bond. The license can be approved but not released, until the “Original” Bond and Power of Attorney is filed with the Board. (NOTE: copies, faxes, or emails “NOT” accepted). Please refer to pages 17 & 18 for more information about the bond.

6a). A “Compiled” report from an Independent CPA must be submitted. The date the financial statement was prepared for, not the date the financial was signed must be less than one year old. (The expiration date of the license will be determined by the date of the financial statement submitted.) The financial statement must include:
   (1) Report letter from an Independent CPA
   (2) Balance sheet prepared in accordance with GAAP or on an Income Tax Basis (Accrual Method)
   (3) Footnotes not required

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

7. If applying as a Corporation, LLC, or LP, we will need a copy of the Articles/Filings from your entity’s Secretary of State’s Office (501) 682-3409. If a fictitious name has been registered for this company, attach a copy of the fictitious name registration.

8. If the applicant has one or more 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 or / specialty(s) 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 / specialty(s) requested to work in the Residential industry.
COMMERCIAL LICENSE – (projects of any size)

INSTRUCTIONS / CHECKLIST

Your completed application must be in this office three (3) weeks prior to a board meeting to be reviewed. For a list of meeting dates, check our website at www.arkansas.gov/clb. Once the application is received in our office, it must be complete by 90 days. After 90 days, another application and filing fee, etc. will be required.

By obtaining a commercial license you automatically qualify to do residential work in the same classification / specialty(s) as those listed on the commercial license.

1. Complete Application. (All lines need to be filled in, if one does not apply enter “N/A”)
   (a) Pages 2, 5, 6, 7, 11 & 12 completed.
   (b) Appropriate business style affidavit and affidavit regarding bidding signed and notarized (pages 13 and 14). We cannot accept a notarized statement more than 90 days old.

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

3. Three (3) written references (pages 8, 9 and 10 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 the appropriate required experience to receive the classification(s) / specialty(s) requested. Please refer to page 6 and 7 of this application or the blue booklet (Act 150) for any questions about the classification(s) / specialty(s). THE INDIVIDUALS GIVING THE REFERENCES, NOT THE PERSON APPLYING FOR THE LICENSE, MUST COMPLETE THE REFERENCE FORMS. We cannot accept references that are more than 90 days old.

4. Copy of the Arkansas Business and Law passing test score. The license can be approved but not released without this passing test score. Please refer to page 19 & 20 for more information about the test.

5. Fully executed $10,000.00 Contractor’s Bond. The license can be approved but not released, until the “Original” Bond and Power of Attorney is filed with the Board. (NOTE: copies, faxes, or emails “NOT” accepted). Please refer to pages 17 & 18 for more information about the bond.

6a). A “Reviewed” or “Audited” financial statement from an Independent CPA must be submitted. The date financial statement was prepared for, not the date the financial was signed must be less than one year old. (The expiration date of the license will be determined by the date of the financial statement submitted.) The financial statement must include:
   (1) Reviewed or Audited opinion letter from an Independent CPA
   (2) Balance sheet prepared in accordance with GAAP or on an Income Tax Basis (Accrual Method)
   (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) / specialty(s) requested must be CASH in the bank and cannot be a stockholder note to the company or receivables. Example: If asking for the Building classification, the net worth requirement is $50,000 half of that $25,000 will need to be cash in the bank. If asking for a specialty (s), the net worth requirement is $5,000 half of that $2,500 will need to be cash in the bank.

7. If applying as a Corporation, LLC, or LP, we will need a copy of the Articles/Filings from your entity’s Secretary of State’s Office. If a fictitious name has been registered for this company, attach a copy of the fictitious name registration.

8. If the applicant has one or more 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 or / specialty(s) 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 / specialty(s) requested to work in the Residential industry.

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Commercial New Application

PRINT NAME OF COMPANY OR NAME (IF APPLYING AS A SOLE PROPRIORSHIP) AS YOU WISH FOR IT TO APPEAR ON LICENSE. IF APPLYING AS A CORPORATION, LLC, OR LLP, IT MUST READ EXACTLY AS REGISTERED WITH THE SECRETARY OF STATE OFFICE. APPLICANTS MUST CONDUCT / CONTRACT BUSINESS UNDER THE EXACT NAME SHOWN UPON THE LICENSE.

ANSWER ALL OF THE FOLLOWING QUESTIONS; IF A QUESTION DOES NOT APPLY ENTER “N/A”:

Company / Individual Name: ____________________________________________________________

D/B/A Name: ______________________________________________________________________
(Doing Business As) (If Applicable)

Indicate the type of entity seeking a license by “circling” one of the choices below:

INDIVIDUAL     CORPORATION   LLC    PARTNERSHIP   LP     OTHER_____
If applying as Corporation / LLC, list the Federal ID# _______________Company Tax Year End ______

Mailing Address ___________________________________________________________City _______________________

State _____ Zip Code _____________ County/Parish _________________________

Company Phone _______________ Fax __________________

E-mail Address _______________________________________________________________

Name and Phone # for person to Contact with any Questions regarding this application request:

______________________________________________________________________________

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

Name ___________________________________ Social Security # _____________________

How long has this individual been with this company? _________

Position held with this company, check one: _____ Sole Owner

_____ Full time paid employee

_____ Officer, member, or partner of the company and is actively involved in the day to day operations

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CLASSIFICATIONS

Please “circle” the classification(s) or specialty(s) below being requested.
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.

Classification(s) / specialty(s) marked with “**” require an Arkansas Trade License or Certification.

1. Heavy Construction                           4. Building (Commercial & Residential)
3. Highway, Railroad & Airport ** 6. Mechanical
** 7. Electrical

“SPECIALTY(S)” – (continued on page 7)

Above Ground Tanks                   Grain Bins
** Asbestos                           Greenhouses
Awnings, Canopies & Gutters
Base & Paving
  a. Base Construction
  b. Hot & Cold Mixes
  c. Surface Treatment
  d. Asphalt
  e. Concrete Paving
Blinds, Curtains, Draperies, Theatrical
Boat Docks
** Boiler Construction & Repair
Bulk Storage Facilities
Cable Television Lines (Above & Below Ground)
Car Washes
Carpentry, Framing, Millwork, Cabinets
Ceilings, Wall Systems, Acoustical Treatments
Chemical Resistant Tile & Brick
Chimneys, Fireplaces
Cofferdams, Dikes, Levees, Canals
Communication, Computer or Sound Systems, Cabling
Concrete
Control Systems & Instrumentation
Conveyors, Material Handling Systems, Cranes, Hoists
Cooling Towers
Demolition, Blasting
Dredging
Institutional & Kitchen Equipment
Drywall
Electrical Transmission Lines
** Elevators, Escalators, Dumbwaiters, Chairlifts
Energy & Chemical Pipelines
Energy Management, Retrofit Systems
Environmental General
Erosion Control
** Factory Trained Medical Equipment Technician
  (“exemption” from Electrical Board required)
Fencing, Gates
Fiberglass
Fireproofing
Floors, Floor Covering
Foundation Construction or Drilling, Pile Driving, Stabilization
Furnaces, Fuel Burning or Heat Transfer Equipment,
  Stokers, Refractories
Furniture, Recreational and/or Playground Equipment,
  Bleachers, Seating, Partitions
** Gas Fitter
  Generators, Turbines
  Glass, Glazing, Doors, Windows, Hardware, Storefront
  Golf Cart & Foot Bridges & Paths
  Golf Courses
  Grading & Drainage (Includes Pipe & Structures, Culverts,
    Clearing, Grubbing & Rip Rap, Excavation)

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Piping, Process Piping, Valve Repair
Plant Maintenance
Plating & Waste Treatment Systems

**Plumbing**
Pneumatic Tube Systems
Pollution, Air & Dust Control, Blower & Exhaust Systems
Poultry & Swine Electrical
Poultry & Swine Houses
Poultry (HVACR)
Precipitators
Railroad Construction & Related Items
Rebar

**Refrigeration, Cold Storage**
Remediation
Remodeling, Renovations, Restoration, Alterations
Retaining Walls
Right of Way Clearing
Roofs, Roof Decks, Roofing Sheet Metal
Sandblasting, Hydroblasting, Dry Ice Blasting
Scaffolding
Scales

**Septic Tank Installation & Repair**
Security, Banking, Detention Equipment
(Bars & safety no certificate needed)
Service Station Equipment

**Sheet Metal, Ducts, Ventilation**
Siding, Soffit, Facia, Gutters

**Signal or Burglar Alarms, Fire Detection & Monitoring Systems**
Skylights
Solar Systems
Special Coatings or Applications, Caulking, Waterproofing
Sport & Recreational Surfaces

**Sprinklers, Fire Protection**
Steel, Alloy, Ornamental, Metal Fabrication, Welding
Storm Shelters
Substations
Swimming Pools, Spas
Temperature Controls (Electric)
Temperature Controls (Pneumatic)
Testing & Balancing
Tile, Terrazzo, Marble, Countertops
Tuckpointing
Tunnels, Shafts
Underground Piping, Cable, Trenching, Boring

**Underground Storage Tanks**
Water and Sewer Lines
Water Lines Associated with Fire Protection

**Water Wells**
Wind Turbines

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

If any of the following specialty(s) are being requested then attach a copy of the Arkansas trade license/certificate.

1. Asbestos
2. Boiler Construction or Repair
3. Electrical
4. Elevator
5. Fire & Burglar Alarm
6. Fire Sprinkler
7. Gas Fitter
8. HVACR
9. Landscaping w/planting
10. Lead Abatement
11. Plumbing
12. Refrigeration & Cold Storage
13. Sheet Metal, Ducts
14. Underground Storage Tank
15. 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 has this individual been with this company? ______

Position held with this company, check one: ______ Sole Owner
________________________________________
________ Full time paid employee
_________ Officer, member, or partner of the company and is actively involved in the day to day operations

Verify appropriate required experience on each reference (pages 8, 9, and 10) for each classification(s) /specialty(s) requested.
COMMERCIAL REFERENCE INFORMATION

APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)
The purpose of this form is to verify work experience, not credit history.

1. Yes ___ No ___ Are you related to or affiliated with the owners of the company or any of the employees? 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 company or individual been performing the type of work listed in this reference?

4. List the type of work this company or individual has completed of which you have firsthand knowledge. Please state if the work is New Construction, Addition to Existing Structure, Etc. (be specific)

___________________________________________________
___________________________________________________

5. List specific projects this company or individual has completed of which you have firsthand knowledge. Please state if the work is New Construction, Addition to Existing Structure, Etc. Please be specific including the name of the project(s), dollar amount of the project(s), square feet of the project(s). (if applicable), and approximate date that the project(s).

___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________

6. Yes ___ No ___ Are you aware of any project that this company or individual has failed to complete? If yes, explain.

___________________________________________________
___________________________________________________

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

___________________________________________________
___________________________________________________

8. Yes ___ No ___ Would you recommend this company or individual to be a licensed contractor? If no, please explain.

___________________________________________________
___________________________________________________

9. Yes ___ No ___ Are you aware of any incidences where this company or individual has failed to pay for materials, failed to pay employees or subcontractors? If yes, please provide details.

___________________________________________________
___________________________________________________

By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.

Name & Address of Person giving this reference: (Print)
______________________________________________
______________________________________________
______________________________________________
______________________________________________

Signature_____________________________
Date _________________________________
Phone No._____________________________

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COMMERCIAL REFERENCE INFORMATION

APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)

THE PURPOSE OF THIS FORM IS TO VERIFY WORK EXPERIENCE, NOT CREDIT HISTORY.

1. Yes ___ No ___ Are you related to or affiliated with the owners of the company or any of the employees? 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. Yes ___ No ___ To your personal knowledge, how long has the company or individual been performing the type of work listed in this reference?

4. List the type of work this company or individual has completed of which you have firsthand knowledge. Please state if the work is New Construction, Addition to Existing Structure, Etc. (be specific)

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

8. Yes ___ No ___ Would you recommend this company or individual to be a licensed contractor? If no, please explain.

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By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.

Name & Address of Person giving this reference: (Print)

__________________________________________
Signature_________________________________

__________________________________________
Date_____________________________________

__________________________________________
Phone No._________________________________

Effective Date 8/2018 (Commercial New App)
COMMERCIAL REFERENCE INFORMATION

APPLICANT NAME & ADDRESS as shown on application (GIVE DETAILED ANSWERS)

THE PURPOSE OF THIS FORM IS TO VERIFY WORK EXPERIENCE, NOT CREDIT HISTORY.

1. Yes ___ No ___ Are you related to or affiliated with the owners of the company or any of the employees? 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 company or individual been performing the type of work listed in this reference?

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

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Name & Address of Person giving this reference: (Print)

___________________________________________________________
Signature______________________________
Date _________________________________
Phone No._____________________________

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APPLICANT’S INFORMATION

Note: For the purpose of the following questions 1-16, “You” means, this organization, any officer or member of the company, the qualifier of this company, you, or anyone who owns 10% or more of the entity.

1. How many years of work experience does the qualifier for the trade or classification(s) / specialty(s) for this license have?
   
   Yes___ No___

2. Have you ever had a contractors license or been associated with a contractors license in this or any other jurisdiction? (See definition of “you” above) If yes, attach separately a list of those that apply.
   
   Yes___ No___

3. Do you knowingly employ any individual(s), or hire workers as independent contractors, who do not have legal authority to work in the United States of America? (See definition of “you” above)
   
   Yes___ No___

4. Are you legally authorized to work in the United States of America? (See definition of “you” above)
   
   Yes___ No___

5. 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 of America can lead to the revocation of the contractors license in the State of Arkansas? (See definition of “you” above)
   
   Yes___ No___

6. Does this applicant have one or more employees?
   
   Yes___ No___

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

8. Are you or your spouse on active duty in the United States Military?
   
   Yes___ No___

9. Have you or your spouse been discharged (discharged other than dishonorably) from the United States Military within the last 12 months?
   
   Yes___ No___

10. Under the provision of the Active Duty Military Licensing Law, Act 848 of 2015, are you requesting a temporary license? If yes, you must provide a copy of your current contractors license issued by another state.

   Yes___ No___

Answering “yes” to any of the following questions will not automatically disqualify you for a contractors license.

11. Have you, or any construction related entity in which you were an investor, partner, officer, ever failed to complete a project awarded to you? If yes, attach separately a statement of circumstance, the name of the individual, other organization and reason for failure.

   Yes___ No___

12. 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 a written explanation as to why bankruptcy had to be filed, along with a copy of the document prepared by your attorney listing the creditors that shows the amounts owed to each creditor and a copy of the bankruptcy discharge.

   Yes___ No___

13. Have you ever been convicted of a felony? (See definition of “you” above) If yes, please attach separately a written explanation as to what occurred, when this occurred, and what was the sentence.

   Yes___ No___

14. Are you required to register on the sex offender registry in this state or any other state? (See definition of “you” above) If yes, please attach separately a written explanation as to what occurred and when this occurred.

   Yes___ No___

15. Do you or any construction related entity in which you owns 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___

16. Have you ever had a license revoked or suspended, been penalized or disciplined, by the Arkansas Contractors Licensing Board, the Arkansas Residential Committee, or any other state? (See definition of “you” above) If yes, attach separately details and an explanation.
CORPORATION, LLC, or LP DATA:

Date Company registered as Corporation, LLC or LP: _________________

* Date Registered at Arkansas Secretary of State (501-682-3409) as a Foreign Entity ___________
  (*This process must be completed before beginning work in the State of Arkansas if a foreign entity.)

President _____________________________________ SSN  _____________________________
Vice-President_________________________________   SSN _____________________________
Secretary _____________________________________  SSN _____________________________
Treasurer _____________________________________  SSN _____________________________

Member_____________________________________    SSN _____________________________
Member_____________________________________    SSN _____________________________
Member_____________________________________    SSN _____________________________
Member_____________________________________    SSN _____________________________

OR

PARTNERSHIP DATA:

Date Partnership Formed _____________
State whether partnership is general, limited or associated:   _____________

List Partners and Social Security numbers:

Partner_____________________________________    SSN  _____________________________
Partner_____________________________________    SSN  _____________________________

List anyone who owns 10% or more interest in the entity requesting a license. (Please print each name) along with their Social Security number; or list any Corporation or LLC as well as their EIN for those who owns 10% or more interest in the entity requesting a license.

Name____________________________________ SSN or EIN ____________________________
Name____________________________________ SSN or EIN ____________________________
Name____________________________________ SSN or EIN ____________________________
Name____________________________________ SSN or EIN ____________________________
Name____________________________________ SSN or EIN ____________________________

Effective Date 8/2018 (Commercial New App) 12.
AFFIDAVIT FOR COMPANY
(Corporation, LLC, LP or Partnership)

I, ____________________________________________, being duly sworn/affirmed, 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., including the obtaining and reviewing of a criminal background check.

__________________________
(Signature of Owner/Officer/Member/Partner)

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/affirmed, state 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., including the obtaining and reviewing of a criminal background check.

______________________________
(Applicant Signature Here)

State of _______________________
County of _____________________
Acknowledged before me, this ____ day of _____________________, 20__. My Commission expires: ______________

(Notary Public Signature) & Seal

Effective Date 8/2018 (Commercial New App) 13.
AFFIDAVIT REGARDING BIDDING OR PERFORMANCE OF WORK COMMERCIAL NEW APPLICATION

I, ___________________________________________, being duly sworn/affirmed, 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 $50,000.00 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.

________________________________ ________
(Signature of owner, officer, partner, member)

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:
____________________________________ ______
____________________________________ _______
____________________________________ ______

Date Project Started: ________________
Date Project Completed: ________________
Total 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 the license.***

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

Effective Date 8/2018 (Commercial New App)
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

ONLINE DIRECTORY
State Information 501-682-3000
www.arkansas.gov/directory

CORPORATE FRANCHISE TAX
Secretary of State
Victory Building, Ste 250
1401 W Capitol
Little Rock, AR 72201
Telephone: (501) 682-3409

Note: All Corporations are required to register and pay franchise taxes.

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 & Admin.
P O Box 1272
Little Rock, AR 72203
Telephone: (501) 682-7104

UNEMPLOYMENT COMPENSATION
Department of Workforce Services
P O Box 2981
Little Rock, AR 72203
Telephone: (501) 682-2121 or 1-855-225-4440

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

LABOR STANDARDS
Labor Standards Administrator-Arkansas Dept. of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4501

UNDERGROUND STORAGE TANKS, ASBESTOS
Arkansas Department of Environmental Quality
8001 National Drive, PO Box 8913
Little Rock, AR 72219-8913
Telephone: (501) 682-0999 or (501) 682-0718

Effective Date 8/2018 (Commercial New App)
# CHECKLIST OF HELPFUL NUMBERS

## (Continued)

| **LEAD ABATEMENT** | Arkansas Department of Health  
|                    | 4815 West Markham Slot-32  
|                    | Little Rock, AR 72205-3867  
|                    | Telephone: (501) 671-1472 |

| **PLUMBING, GAS FITTERS**  
| **HVACR, 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 Board of Private Investigators and Private Security Agencies  
|                            | C/O Arkansas State Police  
|                            | 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 – Dept 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 or (501) 682-3900 |

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

**Requires proof of appropriate certification/licensure before the Contractors Licensing Board will approve the classification(s). Performing any of the following type projects without the appropriate certificate/license from the agency in question may be in violation of that agency’s law. Performing any of the following type projects without the specific classification from the Contractors Licensing Board may be in violation of the Contractors Licensing law.**
INSTRUCTIONS FOR COMPLETION
OF THE $10,000 CONTRACTORS “SURETY” BOND

** ONLY required for “Commercial” Contractors license. **

Only this prescribed form will be accepted.
(Any alterations to this form must have prior approval from the Contractors Licensing Board)
(NOTE: Copies, Faxes, or Emails “NOT” accepted)

AGENTS: Instructions/Notes for issuing our bonds:

Only an Arkansas Resident or an Arkansas Non-Resident agency, agent, broker or producer that is currently licensed by the Arkansas Insurance Department can execute this surety bond.

**A copy of that “Arkansas Insurance License” must be attached.**

For a bond to be “accepted” by the Board; it must be the “Original” Bond and Power of Attorney, have all Principal, Surety and Agent information completed, otherwise the license will be held up. (NOTE: Copies, Faxes, or Emails “NOT” accepted)

Agents: Please note that “continuation certificates” are not required as are bonds are continuous until cancelled.

OR

The bond may be executed solely by the “Surety” company. An underwriter that works directly for the “Surety” need only sign the “bottom left” line and under signature “indicate” that you are a “direct underwriter”.

---------------------------------------------------------------

CONTRACTORS: Instructions/Notes before “mailing” original bond to the Board:
(NOTE: Copies, Faxes, or Emails “NOT” accepted)

“Principal Company Name” is the company name exactly as it will appear, or does appear on the existing Contractors License (and/or as registered with the Secretary of State). This is the name all bids and work is to be performed in.

**For a bond to be “accepted” by the Board; it must be the “Original” Bond and Power of Attorney, have all Principal, Surety and Agent information completed, otherwise the license will be held up.** (NOTE: Copies, Faxes, or Emails “NOT” accepted)

** Bond must be signed by an owner, officer, member or partner before “mailing” the “entire Original Bond and Power of Attorney” to the Board. **

---------------------------------------------------------------

PLEASE - MAIL COMPLETED “ORIGINAL” BOND AND POWER OF ATTORNEY TO:
Contractors Licensing Board, 4100 Richards Road, North Little Rock, AR  72117

Any change in the Federal ID# requires a new bond be executed. Any change in your company's name will require other documentation, **please call for instructions first.**

For questions regarding this bond, contact Michelle Spoor at 501-371-1506 or michelle.spoor@arkansas.gov.

Effective Date 12/2017 (Commercial New App) 17.
$10,000 Surety Bond  
(Required by A.C.A. § 17-25-401)

Only an Arkansas Resident or an Arkansas Non-Resident agency, agent, broker, producer, or surety (as a direct underwriter) that is currently licensed by the Arkansas Insurance Department can execute this surety bond.

**A copy of that Arkansas Insurance License “must” be attached.**

Effective Date__________________
Bond Number__________________

STATE OF ARKANSAS

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 exactly as it is filed with the Secretary of State or will appear on the Contractors License

Principal Business Address ___________________________________________________________________________________________
City ___________________ State __________ Zip Code __________ Phone Number __________________________

as Principal, and Surety’s Name: ________________________________

Surety Address __________________________________________________________________________________________
City ___________________ State __________ Zip Code __________ Phone Number __________________________

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 of Arkansas (Contractors Licensing Board).

Company Name of Agency/Broker/Producer (Exactly as it appears on the AR insurance license, attach a copy of the Arkansas Insurance license to bond) ________________________________

Principal’s Signature (Must be an Owner, Officer, Partner, Member) ________________________________

Mailing Address (For Agency/Broker/Producer) __________________________________________________________________________________________

Title - (Ex: Owner, Officer, Partner, Member) __________________________________________________________

City/State/Zip Code __________ Phone Number __________________________

Principal’s Federal ID# ________________________________

**Agent’s/Broker’s/Producer’s Signature**

Power of Attorney Signature or “Surety” Signature – □ IF Direct Underwriter ________________________________

“ORIGINAL” SIGNED, AND EXECUTED BOND AND POWER OF ATTORNEY ARE TO BE FILED WITH THE BOARD AT: (Copies, faxes and emails will “NOT” be accepted) Contractors Licensing Board, 4100 Richards Road, North Little Rock, AR  72117

Effective Date 12/2017 (Commercial New App) 18.
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 for your references)
8. The test is open book, multiple choice, and 50 questions, with a 2-hour time limit.
9. The book (Contractors Guide to Business, Law and Project Management, Arkansas Edition) is available directly from the Publisher at http://www.nascla.org through the NASCLA Bookstore, or by call (623) 587-9519, or by completing the order form on the next page.
10. No handwritten or additional notes are allowed in the reference book (No letters, words, diagrams, etc.) Highlighting and permanent tabbing is acceptable. Post it notes are not permanent and will not be allowed. Permanent tabs can be purchased at http://www.nascla.org through the NASCLA Bookstore. The book and tabs bundle for $57.99 or tabs separately for $9.99

On the day of the examination, you must arrive at the Prometric Center 30 minutes before your scheduled appointment to complete the admission procedures required before the test begins.

You must bring the following with you: One official government issued photo identification such as a driver’s license, passport, etc., and the Contractors Guide to Business, Law and Project Management, Arkansas Edition.

PLEASE BE ADVISED:

a) Extra manuals may be given upon arriving for the test. You will only be tested from the Contractors Guide to Business, Law and Project Management, Arkansas Edition.

b) Verify the exam code before taking the test.

c) Have PROMETRIC send the results to YOU. It is your responsibility to get the passing test score to our office by fax 501-372-2247 or regular mail.

d) Test results sent to us by Prometric can take up to several weeks, which could postpone the approval and release of your license. Please make sure to obtain your test score before leaving the test center.

Confirmation Number: ___________________________
Appointment Date: ___________________________
Appointment Time: ___________________________
Testing Site: ___________________________

Effective Date 8/2018 (Commercial New App)
To order a copy of the **NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition, Tabs Bundle Pack** or for an individual book order, please complete the order form below. Submit a check for the total order amount payable to NASCLA. For credit card orders using a Visa, MasterCard, American Express or Discover mail a completed order form to the address below or order online at [www.nascla.org](http://www.nascla.org) through the NASCLA Bookstore.

**NASCLA**  
23309 N. 17th Drive, Suite 110  
Phoenix, Arizona 85027  
Phone (623) 587-9519  
Fax (623) 587-9625  
Online @ [www.nascla.org](http://www.nascla.org)

The **NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition, Tabs Bundle Pack** offers our permanent reference tabs that will help you navigate quickly through this publication. Please note that these tabs are self-adhesive and must be added at least one day prior for sufficient adhesive power.

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_____ Copy(ies) of the **NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition Tabs Bundle Pack** @ $57.99 ea  
$_________

_____ Copy(ies) of the **NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition** @ $50.00  
$_________

**SHIPPING & HANDLING:**  
$12.00 for one book ($6.00 for each additional book)  
$_________

**TOTAL**  
$_________

Effective Date 8/2018 (Commercial New App)