

**AMENDED CLASS APPLICATION
ADDING NEW COMMERCIAL CLASSIFICATION(S) / SPECIALTY(S)
INSTRUCTIONS**

This application **will not be considered, unless** the \$100.00 filing fee (NON-refundable), amended class form, affidavit, and the (3) references are returned, as well as any copies of required trade license(s) / certification(s) as described below. This application will only be valid for 90 days once received in our office. After 90 days another fee, form, etc. will be required. **(Any form signed or notarized over 90 days cannot be accepted.)**

NOTE: If requesting any of the classes listed below, the appropriate Arkansas trade license / certificate from the Arkansas Department of Environmental Quality, Department of Health, Department of Labor, State Police, or other Agency, Board or Department **must** be in place before requesting these classes. We **must** also have a copy of that trade license / certificate before we can process an application for any of these classes.

Example: Boiler Construction & Repair requires a Boiler Construction License from the Arkansas Department of Labor.

HVACR	Plumbing	Electrical
Boiler Construction	Boiler Repair	Asbestos
Lead Abatement	Elevators	Fire Sprinklers
Underground Storage Tanks	Fire & Burglar Alarms	Water Wells
Septic Tanks		

1. **FILING FEE – \$100.00 filing fee is required. Fees are non-refundable. Send money order or check made out to CLB or Contractors Licensing Board with this application.**
2. **AMENDED CLASS APPLICATION – Page 3**

****REQUESTED CLASSIFICATION(S) / SPECIALTY(S)**

Section 1 – mark the classification(s) being requested, if requesting specialty(s), write them on the provided lines.

**** If going from a specialty to a larger class, a minimum net worth is required. Refer to Regulation 224-25-6 (c) in the Arkansas State Licensing Law for Commercial Contractors for more information**.**

Heavy Construction - \$50,000	Highway, Railroad, Airport - \$50,000
Municipal & Utility - \$50,000	Building - \$50,000
Light Building - \$20,000	Mechanical - \$20,000
Electrical - \$20,000	Specialty - \$5,000

****If the required net worth has not been previously shown to the Board, a reviewed or audited financial statement must be provided showing this minimum net worth**.**

****PAST WORK EXPERIENCE**

Section 2 - list projects that have been completed in the **classification(s) / specialty(s) being requested**.
Note: (5) five years of verifiable experience is required.

****QUALIFIER EXPERIENCE (AS DESCRIBED ON PAGE 2, under “Definitions”)**

Section 3 – circle any of the specialties being requested (if applicable). If you have hired an individual that has the experience and/or trade license that is needed for a requested classification(s) / specialty(s), a W-4 and copy of trade license / certification are needed.

3. **AFFIDAVIT – Page 4 – Read, complete, sign, and have notarized (including notary seal).**
4. **REFERENCE INFORMATION – (3 Attached)**
 - a. **Relatives or other individuals of the licensed entity can NOT complete references.**
 - b. **Make sure the reference sheets are completed and returned with the amended class form, showing five (5) years of verifiable experience in the classification(s) / specialty(s) being requested.**
 - c. **Please type or print clearly, we must be able to read the information.**

COMMERCIAL LICENSEES MAY DO RESIDENTIAL PROJECTS WITHIN THE SCOPE OF THEIR LICENSE

If the licensed entity has Commercial license, it may do residential projects within the scope of that license. (See examples below) If a license is issued with “Building” or “Light Building”, then the licensed entity is covered for Commercial & Residential Building. However, if you lose your Commercial license for any reason, you will also lose the Residential license. If you wish to ONLY maintain the Residential Builders license, you must downgrade the license and provide all residential requirements before we can issue the Residential Builders license. **If you have a Commercial license with anything other than “Building” or “Light Building”, you **must** have a separate Residential Builders license to build homes. **

Examples:

If the licensed entity has a Commercial license with the specialty of “painting”, it can also do Residential painting.

If the licensed entity has a Commercial license with the specialty of “roofing” and provides references that indicate projects for “siding and painting”, this will not meet the experience requirement to obtain the Residential Builders class.

*****To obtain the Residential Builders class, complete the Amended Class Application for Residential Builders***.**

DEFINITIONS:

QUALIFIER: A person that has passed the appropriate trade examination. To act as a “Qualifying Party” a person must be either; (1) a sole owner; (2) a partner of the partnership; (3) an officer of the corporation who is actively engaged in the day to day activities of the licensed entity; (4) a member of the Limited Liability Company who is actively engaged in the day to day activities of the licensed entity; (5) a partner of the limited Liability Partnership who is actively engaged in the day to day activities of the licensed entity; or (6) a full time employee of the licensed entity.

FULL TIME EMPLOYEE: A person who is an actual employee of the business, not an independent contractor. The person must work, on average, 30 or more hours a week for the licensed entity (1500 hours per year), must not be paid as an independent contractor (not receive a “1099” for his earnings but receive a “W-2” for his earnings). A full time employee is not someone who is hired “job to job” as needed. Other factors to be considered in making this determination include, but are not limited to: whether the licensed entity pays for workman’s compensation insurance on the individual, whether the licensed entity pays payroll taxes on the individual, the amount of control the licensed entity has over the activities of the individual, the ownership of the tools used by the individual and, whether the individual maintains his own business separate from the licensed entity in question.

*****This request will not be considered, unless the \$100.00 filing fee (NON-refundable), amended class application (page 3), affidavit (page 4) and (3) references attached are returned, as well as any copies of required trade license / certificate as described below.*** This request will only be valid for 90 days once received in our office. *****

AMENDED CLASS APPLICATION - COMMERCIAL

New Application
State of Arkansas
CONTRACTORS LICENSING BOARD
4100 Richards Road
North Little Rock, Arkansas 72117
Main Phone (501) 372-4661 / Fax (501) 372-2247

ID# _____
(Found in the upper right
hand corner of your license.)

FILING FEE:\$ _____

Use The Name Issued on the Contractors License:

Licensed Entity Name:	License #
Name & Phone # of person completing this form:	Years Experience (Under Current Name)

1. REQUESTED CLASSIFICATION: Please check below those being requested:

- | | |
|---|---|
| <input type="checkbox"/> Heavy Construction
<input type="checkbox"/> Highway, Railroad & Airport
<input type="checkbox"/> Municipal & Utility
<input type="checkbox"/> Electrical
<input type="checkbox"/> Mechanical | <input type="checkbox"/> Building (Commercial & Residential)
<input type="checkbox"/> Light Building (Commercial & Residential)

<input type="checkbox"/> Specialty (List on the provided lines) |
|---|---|

2. PAST WORK EXPERIENCE:

List a few projects the licensed entity or qualifying individual has completed. Only list those projects that will show experience **of at least five (5) years for the class/specialty being requested.** This does not have to be consecutive years as long as you can clearly show overall five (5) years experience. The contact person listed below will need to be available between the hours of 8:00 a.m. and 4:00 p.m. Please make sure you have the correct phone number listed.

Year	Type of Work	Contract Amount	Personal Contact/Company Name	Telephone number

3. QUALIFIER EXPERIENCE:

Circle any of the following are being requested, we **must** have a copy of the Arkansas trade license/certificate before this request will be processed. If this individual is an employee (not an officer/owner) of the licensed entity, **attach a copy of the employees W-4, as well as the trade license / certificate.**

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

Yes No Has the licensed entity bid, contracted, or performed any work that would require an Arkansas Contractors License with regards to the request of this amendment form ? If yes, attach details separately (List projects, address, date started and dollar amount).

AFFIDAVIT

I _____, being duly sworn, deposes and says:
(Print name of Owner/Officer/Partner/Member)

That the foregoing statement of experience and all statements herein contained are true and correct and shall become a part of the present valid application on file. That the foregoing statement is submitted to the Contractors Licensing Board and/or Residential Contractors Committee for the purpose of amending the present valid license and that any depository, vendor or other agency herein named is hereby authorized to supply the Contractors Licensing Board and/or Residential Contractors Committee with any information necessary to verify these statements.

Signature of Owner/Officer/Partner/Member

State of _____ County of _____

Acknowledge before me, this _____ day of _____, 20____

My commission expires: _____

Notary Public Signature and **SEAL**

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

REFERENCE INFORMATION

(Please Type or Print)

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 or affiliated to 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. How long have you known of this company or individual's work? _____
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 that you have first hand knowledge of: **(Be specific - list name of project(s), dollar amount and sq. ft. if applicable and the dates the project (s) was done)**

6. Yes ___ No___ Has this company or individual ever failed to complete a project or job that you are aware of? 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, why?

9. Yes___ No___ Has this company or individual ever failed to pay for materials, employees or subs that you are aware of? If yes give details: _____

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

Reference givers name & address:

Signature _____

Date _____

Phone No. _____

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

REFERENCE INFORMATION

(Please Type or Print)

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 or affiliated to 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. How long have you known of this company or individual's work? _____
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 that you have first hand knowledge of: **(Be specific - list name of project(s), dollar amount and sq. ft. if applicable and the dates the project (s) was done)**

6. Yes ___ No___ Has this company or individual ever failed to complete a project or job that you are aware of? 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, why?

9. Yes___ No___ Has this company or individual ever failed to pay for materials, employees or subs that you are aware of? If yes give details: _____

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

Reference givers name & address:

Signature _____

Date _____

Phone No. _____

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

REFERENCE INFORMATION

(Please Type or Print)

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 or affiliated to 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. How long have you known of this company or individual's work? _____
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 that you have first hand knowledge of: **(Be specific - list name of project(s), dollar amount and sq. ft. if applicable and the dates the project (s) was done)**

6. Yes ___ No___ Has this company or individual ever failed to complete a project or job that you are aware of? 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, why?

9. Yes___ No___ Has this company or individual ever failed to pay for materials, employees or subs that you are aware of? If yes give details: _____

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

Reference givers name & address:

Signature _____

Date _____

Phone No. _____
