

AMENDED CLASS APPLICATION

ONLY FOR A COMMERCIAL CONTRACTOR ADDING – RESIDENTIAL BUILDER

INSTRUCTIONS

*****This request will not be considered, unless the amended class application / affidavit (page 1), and (3) references are returned. ***This request will only be valid for 90 days once received in our office. *****

1. **AMENDED CLASS APPLICATION / AFFIDAVIT - Page 1**

Read, complete, sign, and have notarized (including notary seal).

2. **REFERENCE INFORMATION – (3 Attached)**

- a. **Relatives or other people associated with the licensed entity can NOT complete references.**
- b. Make sure the reference sheets are completed and returned with the amended class application, showing four (4) years of verifiable experience in the class being requested.

Examples:

To obtain the Residential Builders class, the Residential Contractors Committee is looking for references showing (4) years experience in home building construction from the ground up. Otherwise, submitting complete residential room additions and/or larger remodeling jobs (in excess of \$50,000.00) could possibly qualify for Residential Builder, but these types of references are **NOT** preferred.

The experience does not have to be consecutive years as long as four (4) years experience can be clearly shown overall. The contact person listed on the reference forms will need to be available between the hours of 8:00 a.m. and 4:00 p.m. Please make sure the correct phone number is listed.

DEFINITIONS:

Qualifying individual: A W-2 employee (not an officer/owner) of the licensed entity; **attach a copy of the employees W-4, if this said person has the experience for this entity.**

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.

**AMENDED CLASS APPLICATION
ONLY FOR A COMMERCIAL CONTRACTOR –
ADDING RESIDENTIAL BUILDER**

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

**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**

Use The Name Issued on the Contractors License:

Licensed Entity Name: _____
License #: _____
Person completing this form:
Print Name: _____
Phone Number: _____

REQUESTED CLASSIFICATION: Residential Builder

Complete the affidavit below, have signed and notarized:

AFFIDAVIT

___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).

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**

REFERENCE INFORMATION New Residential Home Builder Application Only

This information is to be provided to:

This information is provided for purpose of licensure for:

Arkansas Contractors Licensing Board 4100 Richards Road, North Little Rock, AR 72117 Phone: 501-372-4661 Fax 501-372-2247 www.arkansas.gov/c/lb	Applicant Name: _____ Address: _____ State: _____ Phone: _____ Fax: _____
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This form is for the Home Builder and is not intended for use for Limited or Unlimited Home Improvement or Remodeler Applicants.

Yes _____ No _____ Are you related to the individual, owners, officers or qualifiers of this company? If answer is "YES" STOP HERE!!!!

Please list information about homes built by the individual acting as a supervisor or project manager or by this company. INFORMATION MUST BE FOR HOME CONSTRUCTION, OR SUBSTANTIAL STRUCTURAL MODIFICATIONS OR ADDITIONS, NOT INTENDED FOR FRAMES OR HOME IMPROVEMENT CONTRACTORS. Complete all information below of which you have personal knowledge. The more information the better.

	House # 1	House #2	House #3	House #4
Check the box that applies to the type of construction	New Home Construction <input type="checkbox"/>			
	Substantial Structural Changes or Addition <input type="checkbox"/>			
Owner				
Subdivision				
City				
State				
Sq Footage				
Dollar Amount				
Construction Date				

YES _____ NO _____ To your knowledge has this individual, any of the owners, officers or qualifiers of the company ever failed to complete any homes under contract?

YES _____ NO _____ To your knowledge was this individual or company involved in these projects from beginning to 100% completion?

YES _____ NO _____ To your knowledge has this individual, any of the owners, officers or qualifiers of the company ever completed a home with faulty workmanship that would cause harm to the occupants of the home?

YES _____ NO _____ Would you recommend this individual or company to have a RESIDENTIAL BUILDERS LICENSE in the State of Arkansas? If you have any comments you would like to make about this contractor please feel free to use the back of this form.

I Swear or Affirm, under penalty of perjury, that all the statements contained on this reference are true and correct to the best of my knowledge.

Signature: _____

Printed Name: _____

Address: _____

Phone: _____

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