

Request for Extension

ID# _____

Commercial - Renewal Application

(For office use only)

Arkansas Contractors Licensing Board

4100 Richards Road

North Little Rock, AR 72117

Phone 501-372-4661

Fax 501-372-2247

FILING FEE \$ _____

If an incomplete renewal application is received within 30 days of the expiration of the license, an automatic extension is given to provide the missing financials, or other information. The license will only be extended providing that the license was not invalid for other reasons. A letter will be sent advising of the extended timeframe. If additional time is needed beyond that timeframe, this form is required. **** Do not use this form to request the initial automatic extension. ****

Licensed Entity Name and License #, as it will appear on license:

Contact information for questions regarding this request:

Name: (Please Print) _____

Phone: _____

1. FILING FEE – \$50.00 filing fee is required. Fees are non-refundable. Send money order or check made out to CLB or Contractors Licensing Board with this application.

I would like to pay by credit card. Upon processing this request, we will contact you for payment, at the phone number provided above. There will be a small fee for credit card payments.

2. Reason for request: (✓ one)

_____ **Additional time to provide financial statement.**

_____ **Additional time to provide other information.**

3. Brief explanation as to why additional time is needed:

