

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**

COMMERCIAL 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 getting a commercial license you automatically qualify to do residential work in the same classification(s) / 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 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) / specialty(s) requested. Please refer to page 4 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 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 the 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) / specialty(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 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 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.

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 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 or 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 _____

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 has this individual been with this company? _____

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

_____ 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

CLASSIFICATIONS

If 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).

- | | |
|--------------------------------|--|
| 1. Heavy Construction | 4. Building (Commercial & Residential) |
| 2. Municipal & Utility | 5. Light Building (Commercial & Residential) |
| 3. Highway, Railroad & Airport | 6. Mechanical (Arkansas trade licenses required) |
| | 7. Electrical (Arkansas trade license required) |

If a “SPECIALTY(s)” is requested list each specialty 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.

- | | |
|----------------------------------|----------------------------------|
| 1. Asbestos | 9. Landscaping w/planting |
| 2. Boiler Construction or Repair | 10. Lead Abatement |
| 3. Electrical | 11. Plumbing |
| 4. Elevator | 12. Refrigeration & Cold Storage |
| 5. Fire & Burglar Alarm | 13. Sheet Metal, Ducts |
| 6. Fire Sprinkler | 14. Underground Storage Tank |
| 7. Gas Fitter | 15. Water Wells |
| 8. HVACR | |

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 (with W-2 income)
_____ Officer, member, or partner of the company and is actively involved in the day to day operations

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

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. 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. 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. 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 individual or company to be a licensed contractor? If the answer is no, why?

9. Yes ___ No ___ Has this individual or company ever failed to pay for materials, employees or subcontractors 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: (Print)

Signature _____

Date _____

Phone No. _____

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

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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).

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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.

Reference givers name & address: (Print)

Signature _____
Date _____
Phone No. _____

REFERENCE INFORMATION

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APPLICANT NAME & ADDRESS as shown on application

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

9. Yes ___ No ___ Has this individual or company ever failed to pay for materials, employees or subcontractors 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: (Print)

Signature _____

Date _____

Phone No. _____

APPLICANT'S INFORMATION

Note: For the purpose of the following questions, the Word "You" means, any qualifier, officer, member, partner, owner 10% or more, you (as a sole-proprietor), or anyone of the entity requesting a license.

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, 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___ 3. 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___ 4. Have you ever been convicted of a felony? (See definition of "you" above) **If yes, attach separately details and a written explanation.**
- Yes___ No___ 5. 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___ 6. 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 a list of states.**
- Yes___ No___ 7. 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.**
- Yes___ No___ 8. 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___ 9. Are you legally authorized to work in the United States of America? (See definition of "you" above)
- Yes___ No___ 10. 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 your contractor's license in the State of Arkansas? (See definition of "you" above)
- Yes___ No___ 11. Does this applicant have any employees?
- Yes___ No___ 12. Does the applicant have Workers Compensation Insurance?
- Yes___ No___ 13. Are you or your spouse on active duty in the United States Military and currently deployed outside the State of Arkansas?
- Yes___ No___ 14. Are you or your spouse a "returning United States Military Veteran"? (A "military veteran" is anyone who has been deployed for any branch of the United States Military outside of the State of Arkansas.)
- Yes___ No___ 15. Have you or your spouse been discharged (discharged other than dishonorably) from the United States Military within the last 12 months?
- Yes___ No___ 16. 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.**

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 you begin work in the State of Arkansas if you are 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 own 10% or more interest in this entity (please print each name) along with their Social Security number or EIN if a Corporation or LLC owns 10% or more interest in this entity.

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, 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., 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**

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 to the applicant.

(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 your license.******

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

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: (501) 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 & 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

ONLINE DIRECTORY

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

****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

****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

**** This bond is required only for a Commercial Contractors license. ****

ATTENTION AGENTS – issuing the bond:

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 surety bond. **A copy of your Arkansas insurance license must be attached.**

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

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

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

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

CONTRACTORS:

Principal is your company name **exactly** as it will appear, or does appear, on your Contractors License (and /or as registered with the Secretary of State). This is the name you are to bid and perform all work.

**** Bond must be signed by an owner, officer, member or partner before mailing the entire original bond to our office. ****

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

Any change in your Federal Employer Identification Number requires a new bond 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 have any questions regarding this bond, contact Michelle Spoor at 501-371-1506 or michelle.spoor@arkansas.gov.**



\$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 exactly as it will appear on the License

Principal Business Address (Physical) City State Zip Code Phone Number

as principal, and **Surety's Name:** _____

Surety Address City State Zip Code Phone 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

Title - (Owner, Officer, Partner, Member)

City/State/Zip Code Phone Number

Principal's Federal I.D. and/or Social Security Number

****Agent's/Broker's/Producer's Signature****

*Please indicate: Attorney-in-Fact's Signature OR
 Direct Underwriters 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 Arkansas insurance license must be attached.****

MAIL ORIGINAL SIGNED, AND EXECUTED BOND AND ITS POWER OF ATTORNEY TO:

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

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.experiononline.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, call (623) 587-9519 or complete 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/tabs-arkansas> for \$9.99

On the day of your examination, you must arrive at the Prometric Center 30 minutes before your scheduled appointment to complete the admission procedures required before your test begins. You must bring the following with you: One official government issued photo identification such as a driver's license, passport, etc., and your Contractors Guide to Business, Law and Project Management, Arkansas Edition.

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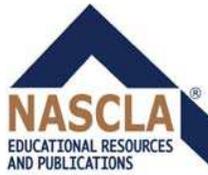
- a) You may be given extra manuals when you arrive to take the test.
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- c) **Have PROMETRIC send the results to YOU. It is your responsible to get the passing test score to our office by fax 501-372-2247 or regular mail.**
- d) If you request your results be sent to our offices it could take weeks to get to us, which could postpone the approval and release of your license.

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