Residential Builders 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
RESIDENTIAL BUILDERS
INSTRUCTIONS / CHECKLIST

The completed application must be in this office three (3) weeks prior to a committee 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.

1. If you already have a Commercial license and want to add Residential Builder...STOP!!! Complete the “Commercial Licensee Adding Residential Builder” form from our website.

2. Complete Application (all lines need to be filled in, if one does not apply enter “N/A”)
   (a) Complete pages 3, 7 and 8.
   (b) Appropriate business style affidavit & affidavit regarding bidding signed and notarized (pages 9 and 10). We cannot accept a notarized statement more than 90 days old.

3. $100.00 filing fee made payable to the Contractors Licensing Board. (FEES ARE NON-REFUNDABLE)

4. Three (3) written references (pages 4, 5 and 6 forms provided). The references should not be from a supplier or banker, unless they have actually observed your work and can describe it. The references must show four (4) years appropriate experience in construction. The experience must justify the issuance of a Residential Home Builder’s license. 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.

5. Copy of the Arkansas Business and Law passing test score. Please refer to page 12 & 13 for more information about the test. The license can be approved but not released without this passing test score.

6. CURRENT compiled balance sheet less than one (1) year old. DO NOT SEND INCOME STATEMENTS. The balance sheet must be in the name of the applicant obtaining the license and must be signed by the owner, officer, member or partner of that company. Only Sole Proprietorships can submit a personal balance sheet and the balance sheet must exclude your personal residence and retirement accounts includes stocks and bonds and cash value of life insurance. All balance sheet statements must show POSITIVE NET WORTH. A blank balance sheet can be found on our website www.arkansas.gov/clb. A Schedule “L” from your corporation tax return may also be used. (No other tax forms will be accepted other than the Schedule “L”).

7. If applying as a Corporation, LLC, or LP, attach a copy of the Articles/Filings from the 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.

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PRINT NAME OF COMPANY OR NAME (IF APPLYING AS A SOLE PROPRIETORSHIP) 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# __________________

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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RESIDENTIAL 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 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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RESIDENTIAL 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 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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RESIDENTIAL 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 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)

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

________________________________________________________
Signature_____________________________

________________________________________________________
Date _________________________________

________________________________________________________
Phone No._____________________________

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Note: For the purpose of the following questions 1-16, “You” means, any qualifier, officer, member, partner, owner 10% or more, you, 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?

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.

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)

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

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)

6. Does this applicant have one or more employees?

7. Does the applicant have Workers Compensation Insurance?

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

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

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.

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.

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.

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.

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.

15. Do you or any construction related entity in which you own 10% or more, have any outstanding liens, judgments, or pending litigation? (See definition of “you” above)  
   If yes, attach separately details and an explanation.

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 __________________________

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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

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I, _________________________________________, being duly sworn/affirmed, states under oath: that, he or she is
(Name of Owner/Partner/Officer/Member)
______________________________________                (Position Held)
                             (Company Name)
the applicant named herein; that with respect to any Residential construction in the State of Arkansas:

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/Member/Partner)

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 RESIDENTIAL BUILDERS 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.***
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

**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
### 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** | Arkansas State Health Department  
| Plumbing & Natural Gas Division  
| 4815 West Markham Slot #24  
| Little Rock, AR 72205-3867  
| Telephone: (501) 661-2642 |
| **HVACR, SHEET METAL, REFRIGERATION & COLD STORAGE** |  
| **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.**

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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.


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: ___________________________
NASCLA CONTRACTORS GUIDE TO BUSINESS, LAW AND PROJECT MANAGEMENT, ARKANSAS EDITION

ORDER FORM

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 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

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.

SHIP TO:
Name ____________________________________________________________
Company __________________________________________________________
Mailing Address ___________________________________________________
City ___________________________ State ____________ Zip _______________
Telephone (____) __________________ Fax (____) ________________________
Email Address ______________________________________________________

METHOD OF PAYMENT:
☐ Enclosed check to NASCLA  ☐ Visa  ☐ MasterCard  ☐ American Express  ☐ Discover
Card Number ______________________________________________________ Exp. Date _____ /_____
Name on Card __________________________________ Signature ________________________________

PLEASE SEND:
_____ 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 $__________