

# State of Arkansas CONTRACTORS LICENSING BOARD



## 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](http://www.arkansas.gov/clb)**

**PLEASE READ THE INSTRUCTIONS (page 2)  
BEFORE COMPLETING THE APPLICATION**

1.

# **RESIDENTIAL BUILDERS INSTRUCTIONS / CHECKLIST**

Your 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/club](http://www.arkansas.gov/club). 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 applying for **both Commercial and Residential** contractors licenses **STOP HERE!!**  
Download the Commercial New Application and follow the instructions for a commercial contractor. The web site is [www.arkansas.gov/club](http://www.arkansas.gov/club).
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. **(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/club](http://www.arkansas.gov/club). 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 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. All applicants must provide proof of current Worker's Compensation insurance coverage by submitting 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.**

**Do not write in this space - CLB OFFICAL USE ONLY**

Filing Fee: \_\_\_\_\_

ID#: \_\_\_\_\_

# Residential Builders 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# \_\_\_\_\_

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

Effective Date 7/22/2015 (Residential Builders New App)

3.

# 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 <a href="http://www.arkansas.gov/cib">www.arkansas.gov/cib</a>	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 FRAMERS 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	
	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>
Check the box that applies to the type of construction								
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: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Effective Date 7/22/2015 (Residential Builders New App) 4.

## 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 <a href="http://www.arkansas.gov/clb">www.arkansas.gov/clb</a>	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 FRAMERS 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	
	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>
Check the box that applies to the type of construction								
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: \_\_\_\_\_  
 Effective Date 7/22/2015 (Residential Builders New App) \_\_\_\_\_  
 Date: \_\_\_\_\_

## 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/clb	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!!!!

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	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>
Check the box that applies to the type of construction								
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: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Effective Date 7/22/2015 (Residential Builders New App) \_\_\_\_\_ 6.

# 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 classification have for this license? \_\_\_\_\_
- 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 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.**
- 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 \_\_\_\_\_

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**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  
RESIDENTIAL BUILDERS  
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 **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 your 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

### 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](http://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

# 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](http://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, 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.

**PLEASE BE ADVISED:**

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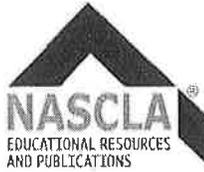
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