

Request to come out of Inactive Status
Commercial -Renewal Application

Arkansas Contractors Licensing Board
4100 Richards Road
North Little Rock, AR 72117
Phone 501-372-4661
Fax 501-372-2247

ID# _____

(For office use only)

FILING FEE \$ _____

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

Contact information for questions regarding this request:

Name: (Please Print) _____

Phone: _____

SUBMIT THE FOLLOWING WITH THIS APPLICATION: * This application will only be valid for 90 days once received in our office. IF the application is not complete within the 90 days, another filing fee, form, etc will be required. *****

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

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

2. Do you have employees? ___Yes ___No (check one) If you answered “Yes” to this question, proof of workers compensation insurance is required.

3. Include a reviewed or audited financial statement provided by an independent CPA, (with opinion page, balance sheet, & footnotes) showing a minimum net worth (see below) and a positive working capital.

Heavy Construction	\$50,000
Highway, Railroad, Airport	\$50,000
Municipal & Utility	\$50,000
Building	\$50,000
Light Building	\$20,000
Mechanical	\$20,000
Electrical	\$20,000
Specialty(s)	\$ 5,000