

UPGRADE LICENSE APPLICATION

(New Application)

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

ID# _____

(Located in the top right corner of your license.)

FILING FEE: \$ _____

This form is to upgrade a Limited – Home Improvement license to an Unlimited - Home Improvement license or to RETURN to a Residential Builders license or Commercial license. This form can NOT be used to obtain a Residential Builder or Commercial license for the first time.

Licensed Entity Name and License #, as it appears on the license:

Contact information for questions regarding this request:

Name: (Please Print) _____

Phone: _____

Please upgrade the current license:

From: (Only check one below)

_____ Residential Builder

_____ Unlimited - Home Improvement (w/ current specialties)

_____ Limited - Home Improvement (w/ current specialties)

To: (Only check one below, and "attach" all listed below that request)

_____ Unlimited – Home Improvement (**w/ current specialties**)

***A \$50.00 filing fee, balance sheet & proof of workers comp insurance must be submitted with this form. ***

_____ Residential Builder (**as previously licensed**)

***A \$100.00 filing fee, balance sheet & proof of workers comp insurance must be submitted with this form. ***

_____ Commercial (**as previously licensed**)

***A \$100.00 filing fee, reviewed or audited financial statement, current \$10,000 surety bond, proof of workers comp insurance (if you have employees) must be submitted with this form. ***

In addition to the above documentation needed: If it is time to renew the license, the pre-printed renewal application and filing fee associated with the renewal are also required. One check can be submitted for both fees required.

Fees are non-refundable. Send money order or check made out to CLB or Contractors Licensing Board with this application.

By signing this, I understand that I **cannot** do work outside the classification(s) / specialty(s) listed on my license. *** **I also understand that if all the requested information is not submitted with this application, it will "NOT" be processed, and this application is valid for 90 days once received in our office.** *** After 90 days another filing fee, form, etc. will be required.

By: _____ Date: _____
Signature of Owner, Officer, Member, Partner

Please contact Michelle Spoor @ 501-371-1506 with any questions regarding this form.

OFFICE USE ONLY: Processed by: _____ Processing Fee Paid __Yes __No Revised 7/2016