

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 hand
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 Builders license 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.

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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.

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. **This request & additional information, may be faxed to 501-372-2247, fee may be paid by credit card.**

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| OFFICE USE ONLY: Processed by: _____ Processing Fee Paid <input type="checkbox"/> Yes <input type="checkbox"/> No Revised 7/2014 mc |
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