Subcontractor Registration
Commercial

State of Arkansas
Contractors Licensing Board

$100.00 Filing Fee – Check or Money order only
NON-REFUNDABLE / NON-TRANSFERABLE

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

Effective Date 6/2022 (Subcontractor Registration)
Commercial Subcontractor Registration

IMPORTANT INFORMATION ABOUT SUBCONTRACTOR REGISTRATION:

1. A Registered Contractor is **NOT a licensed contractor**. It is a violation of the law for a Registered Contractor to perform a project for which a license is required.

2. A Registered Contractor may work as a SUBCONTRACTOR to a properly LICENSED contractor.

3. A Registered Contractor may not perform work as a Prime Contractor on a project for which a license is required.

4. A Registered Contractor will have to renew their registration yearly.

Effective Date 6/2022 (Subcontractor Registration)
Subcontractor Registration
Instructions / Checklist

- A completed application must be received, with the appropriate fee (all fees are non-refundable) before it can be considered.
- Once the application is received in our office, it must be completed within 90 days.
- After 90 days, another application and filing fee will be required.

1. $100.00 filing fee made payable to the Contractors Licensing Board. (Fees are NON-REFUNDABLE / NON-TRANSFERABLE)

2. Complete Application-Pages 4, 7, 8, and 9 (if applicable).

3. Complete pages 5 and 6 by circling the classification(s) for which the contractor is registering. **Note that by completing the Affidavit (page 8) the applicant is certifying that they have the proper education, experience, training, skills and financial ability to perform the type of work for which it is registering.

   If the contractor is registering for a classification which requires an Arkansas trade license, registration, or certificate, a copy of that trade license, registration, or certification must be submitted.

4. Fully executed $10,000.00 Contractor’s Bond that must be in Principal Name & EIN, as registered with the IRS. Please refer to pages 10 & 11 for more information about the bond.

5. If the applicant has one or more employees: You must have Worker’s Compensation insurance coverage.

6. Remit documentation from your entity’s Secretary of State’s office showing that the Corporation, LLC, Partnership, LP, or LLP is in good standing with said Secretary of State.
Subcontractor Registration Application

PRINT NAME OF COMPANY OR NAME (IF APPLYING AS A SOLE PROPRIETORSHIP) AS YOU WISH FOR IT TO APPEAR ON THE REGISTRATION. 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 REGISTRATION.

ANSWER ALL OF THE FOLLOWING QUESTIONS:

Indicate the type of entity seeking a registration by circling one of the choices below:

SOLE PROPRIETORSHIP  CORPORATION  LLC  PARTNERSHIP  LP  LLP

Corporation Name, LLC Name, Partnership Name, LP Name, LLP Name as listed with Secretary of State’s office / Sole Proprietorship:

________________________________________________________________________________

Fictitious Name / D/B/A Name: _____________________________________________________
(If Applicable & as listed with Secretary of State’s office)

Federal ID# / EIN _______________________________

Mailing Address _______________________________________ City _______________________

State _______ Zip Code _______________________ County/Parish __________________________

Company Phone _______________________       Fax ______________________________

Company E-mail _________________________________________________________________

________________________________________________________________________________

Information on person to contact with any questions regarding this application:

Name:  __________________________________________________________________________

Phone#:  _________________________________________________________________________

Email Address: ___________________________________________________________________
**CLASSIFICATIONS**

Please circle the specialty classification(s) being requested.

By circling a classification, the applicant certifies that it has the proper education, experience, training, skills and financial ability to perform the type of work for which it is registering.

Classification(s) marked with ** require an Arkansas Trade License or Certification.

<table>
<thead>
<tr>
<th>Classification</th>
<th>HRA Miscellaneous &amp; Specialty Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above Ground Tanks</td>
<td>1. Pavement Markers</td>
</tr>
<tr>
<td><strong>Asbestos</strong></td>
<td>2. Signaling</td>
</tr>
<tr>
<td>Awnings, Canopies &amp; Gutters</td>
<td>3. Guardrails &amp; Fencing</td>
</tr>
<tr>
<td>Base &amp; Paving</td>
<td>4. Attenuators, Signalization &amp; Roadway Lighting</td>
</tr>
<tr>
<td>a. Base Construction</td>
<td>1. Seeding</td>
</tr>
<tr>
<td>b. Hot &amp; Cold Mixes</td>
<td>2. Sodding</td>
</tr>
<tr>
<td>c. Surface Treatment</td>
<td>3. Planting</td>
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<tr>
<td>d. Asphalt</td>
<td>4. Chemical weed &amp; brush control</td>
</tr>
<tr>
<td>e. Concrete Paving</td>
<td></td>
</tr>
<tr>
<td>Blinds, Curtains, Draperies, Theatrical</td>
<td></td>
</tr>
<tr>
<td>Boat Docks</td>
<td><strong>Heating, Ventilation, Air Conditioning, Refrigeration</strong></td>
</tr>
<tr>
<td><strong>Boiler Construction &amp; Repair</strong></td>
<td>1. Traffic Safety</td>
</tr>
<tr>
<td>Bulk Storage Facilities</td>
<td>2. Landscaping, Signalization &amp; Roadway Lighting</td>
</tr>
<tr>
<td>Cable Television Lines (Above &amp; Below Ground)</td>
<td>3. Pavement Rehabilitation</td>
</tr>
<tr>
<td>Car Washes</td>
<td>1. Pressure grouting</td>
</tr>
<tr>
<td>Carpentry, Framing, Millwork, Cabinets</td>
<td>2. Concrete joints</td>
</tr>
<tr>
<td>Ceilings, Wall Systems, Acoustical Treatments</td>
<td>3. Underdrains</td>
</tr>
<tr>
<td>Chimneys, Fireplaces</td>
<td>d. Miscellaneous Concrete</td>
</tr>
<tr>
<td>Cofferdams, Dikes, Levees, Canals</td>
<td>1. Sidewalks</td>
</tr>
<tr>
<td>Communication, Computer or Sound Systems, Cabling</td>
<td>2. Driveways</td>
</tr>
<tr>
<td>Concrete</td>
<td>3. Curb &amp; gutter</td>
</tr>
<tr>
<td>Control Systems &amp; Instrumentation</td>
<td>4. Box culverts</td>
</tr>
<tr>
<td>Conveyors, Material Handling Systems, Cranes, Hoists</td>
<td>Hydraulics</td>
</tr>
<tr>
<td>Cooling Towers</td>
<td>Incinerator &amp; Stack Construction</td>
</tr>
<tr>
<td>Demolition, Blasting</td>
<td>Indoor/Outdoor Advertising</td>
</tr>
<tr>
<td>Dredging</td>
<td>Institutional &amp; Kitchen Equipment</td>
</tr>
<tr>
<td>Drywall</td>
<td>Insulation</td>
</tr>
<tr>
<td><strong>Electrical</strong></td>
<td>Interior Work</td>
</tr>
<tr>
<td><strong>Elevators, Escalators, Dumbwaiters, Chairlifts</strong></td>
<td>Kilns, Drying Systems</td>
</tr>
<tr>
<td>Energy &amp; Chemical Pipelines</td>
<td>Landfills</td>
</tr>
<tr>
<td>Environmental General</td>
<td><strong>Landscaping with Planting</strong></td>
</tr>
<tr>
<td>Erosion Control</td>
<td>Lathe, Plaster, Stucco, Dryvit, EIFS</td>
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<tr>
<td><strong>Factory Trained Medical Equipment Technician</strong></td>
<td><strong>Lead Abatement</strong></td>
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<tr>
<td>(<em>exemption</em> from Electrical Board required)</td>
<td>Lift Stations, Pumps</td>
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<tr>
<td>Fencing, Gates</td>
<td>Lightning Protection</td>
</tr>
<tr>
<td>Fiberglass</td>
<td>Liners</td>
</tr>
<tr>
<td>Fireproofing</td>
<td>Marine Docks</td>
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<tr>
<td>Floors, Floor Covering</td>
<td>Masonry</td>
</tr>
<tr>
<td>Foundation Construction or Drilling, Pile Driving, Stabilization</td>
<td>Mausoleums</td>
</tr>
<tr>
<td>Furnaces, Fuel Burning or Heat Transfer Equipment, Stokers, Refractories</td>
<td>Medical Shielded Enclosures</td>
</tr>
<tr>
<td>Furniture, Recreational and/or Playground Equipment, Bleachers, Seating, Partitions</td>
<td>Metal Buildings, Detached Structures, Storage Buildings</td>
</tr>
<tr>
<td><strong>Gas Fitter</strong></td>
<td>Metal Studs, Walls</td>
</tr>
<tr>
<td>Generators, Turbines</td>
<td>Meter Installation &amp; Service</td>
</tr>
<tr>
<td>Glass, Glazing, Doors, Windows, Hardware, Storefront</td>
<td>Microwave Systems, Towers, Satellite Dishes</td>
</tr>
<tr>
<td>Golf Cart &amp; Foot Bridges &amp; Paths</td>
<td>Millwright</td>
</tr>
<tr>
<td>Golf Courses</td>
<td>Oil &amp; Gas Field Construction, Rigging</td>
</tr>
<tr>
<td>Grading &amp; Drainage (Includes Pipe &amp; Structures, Culverts, Clearing, Grubbing &amp; Rip Rap, Excavation)</td>
<td>Overseas Doors &amp; Dock Equipment</td>
</tr>
<tr>
<td></td>
<td>Paint Booths</td>
</tr>
<tr>
<td></td>
<td>Painting, Wallcovering</td>
</tr>
<tr>
<td></td>
<td>Passenger Boarding Bridges</td>
</tr>
</tbody>
</table>

Effective Date 6/2022 (Subcontractor Registration)
If any of the following specialty(s) are being requested, then attach a copy of the Arkansas trade license/certificate.

1. Asbestos (call 501-682-0718)
2. Boiler Construction & Repair (call 501-682-4513)
3. Electrical (call 501-682-4549)
4. Elevators, Escalators, Dumbwaiters, Chairlifts (call 501-682-4530)
5. Gas Fitter (call 501-661-2642)
6. HVAC (call 501-682-9201)
7. Landscaping w/Planting (call 501-225-1598)
8. Lead Abatement (call 501-671-1472)
9. Plumbing (call 501-661-2642)
10. Refrigeration, Cold Storage (call 501-682-9201)
11. Septic Tank Installation & Repair (call 501-661-2171)
12. Sheet Metal, Ducts, Ventilation (call 501-682-9201)
15. Underground Storage Tanks (call 501-682-0993)
16. Water Wells (call 501-682-3900)

Complete the following section for each person that holds an Arkansas trade license/certificate (if more than one attach information separately).

Name ________________________________________ Social Security # _____________________________

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

Effective Date 6/2022 (Subcontractor Registration)  6.
Company Data

***If you are applying as an individual/sole proprietor, you may qualify for an initial fee waiver under the "Workforce Expansion Act of 2021". To see if you qualify visit our website at www.arkansas.gov/clb. Click on the Workforce Expansion Act of 2021 link to see the list of waiver requirements and waiver form. If you do qualify please complete the form and return it with your completed application packet.

This page MUST be completed in FULL

OFFICERS
List ANY/ALL officers with Full names and complete social security numbers of ALL individuals:

President ____________________________  SSN ____________________________
Vice-President ________________________  SSN ____________________________
Secretary _____________________________  SSN ____________________________
Treasurer _____________________________  SSN ____________________________

OWNERS
List ANY/ALL individuals who own 10% or more of the company that is applying for a registration. List Full names and complete social security numbers of ALL Individuals:

Name_______________________________  SSN ____________________________
Name_______________________________  SSN ____________________________
Name_______________________________  SSN ____________________________
Name_______________________________  SSN ____________________________
Name_______________________________  SSN ____________________________
Name_______________________________  SSN ____________________________
Name_______________________________  SSN ____________________________
Name_______________________________  SSN ____________________________
Name_______________________________  SSN ____________________________
Name_______________________________  SSN ____________________________
Name_______________________________  SSN ____________________________
Name_______________________________  SSN ____________________________

Effective Date 6/2022 (Subcontractor Registration)  7.
APPLICANT INFORMATION

**Note:** For the purpose of the following questions 1-4, You/Your means, this organization, any officer, the qualifier of this company, you, or anyone who owns 10% or more of the entity.

Yes___ No___ 1. Does this applicant have one or more employees?

Yes___ No___ 2. Does the applicant have Workers Compensation Insurance?

**Answering yes to any of the following questions will not automatically disqualify you for a subcontractor registration.**

Yes___ No___ 3. Have you ever pleaded guilty, no contest, nolo contendere, been convicted, found guilty, or been sentenced for any felony or misdemeanor, other than traffic violations? (See definition of you above) If yes, complete the “Criminal Background Information” form (page 9) for each offense.

Yes___ No___ 4. 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.

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**AFFIDAVIT**

(Corporation, LLC, Partnership, LP, LLP, Sole Proprietorship)

I, ________________________________, being duly sworn/affirmed, state under oath:

(Name of Owner/Officer/Member/Partner/Sole Proprietor)

That I am ________________________________ of ________________________________;

(Position held) (Company Name, if Applicable)

- All statements contained within this registration application, including attachments are true and correct.

- Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, 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.

- Understand that a Registered Contractor is NOT a LICENSED CONTRACTOR.

___________________________________________

(Signature of Owner/Officer/Member/Partner/Sole Proprietor)

Effective Date 6/2022 (Subcontractor Registration) 8.
Complete this form ONLY if yes was answered to question #3 on page 8

Criminal Background Information
State of Arkansas Contractors Licensing Board

IN CASES OF MULTIPLE OFFENSES, MAKE A COPY OF THIS FORM TO SHOW INFORMATION FOR EACH OFFENSE...

1. Offender’s legal name: _______________________________________________________________________

2. Offender’s SSN: _____________________________________________________________________________

3. The crime in question: _______________________________________________________________________

4. The date of the conviction: __________________________

5. The jurisdiction (State, County, and City): _______________________________________________________

6. The sentence: ______________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

7. If you were incarcerated, the date of your release: _________________________________________________

8. If you were placed on probation or parole, the date of release from probation or parole: _____________
   __________________________________________________________________________________________

9. Has the offense been sealed by the Court, pardoned, or expunged? If yes, which one? ________________
   __________________________________________________________________________________________

10. Written explanation as to what occurred: _________________________________________________________
    _________________________________________________________________________________________
    _________________________________________________________________________________________
    _________________________________________________________________________________________
    _________________________________________________________________________________________
    _________________________________________________________________________________________
    _________________________________________________________________________________________
    _________________________________________________________________________________________

Effective Date 6/2022 (Subcontractor Registration) 9.
Instructions for Arkansas’ $10,000 SURETY Bond

** All **Unrestricted or Restricted Commercial** Contractors are required to have this bond filed with the Board to have a valid license. **

**AGENTS:** (Bond must have Contractors - Company Name and its EIN)

*Only this prescribed form will be accepted.* (Any alterations must have prior approval from the Contractors Licensing Board)

Only an Arkansas Resident or an Arkansas Non-Resident agency, agent, broker or producer that is currently licensed by the Arkansas Insurance Department can execute this surety bond.

**IF issued by Direct Underwriter:**

The bond may be executed solely by the Surety company. *An underwriter (employee) that works directly for the Surety need only sign the bottom left line and indicate that you’re a direct underwriter.*

*Continuation Certificates are not required, as our bonds are continuous until cancelled.*

**CONTRACTORS:**

*Principal Company Name* and *EIN* must appear on the bond, *exactly* as registered with the IRS. This name is how all work and bids are to be performed in Arkansas. (Any other name could constitute a possible violation)

See that the bond is filed with the Board as directed at the bottom of the bond form, for processing. A license is not valid without this bond in place with the Board.

*Any change in the Federal ID# requires a new bond be executed.* Any change in company name will require other documentation, **please call for instructions first.**

For questions regarding this bond, contact our office at 501-372-4661 or via email at contractors.licensing.board@arkansas.gov

Effective Date 6/2022 (Subcontractor Registration)  10.
$10,000 Surety Bond (Required by A.C.A. § 17-25-401)

Only an Arkansas Resident or an Arkansas Non-Resident insurance agency, agent, broker, producer, or surety (as a direct underwriter) that is currently licensed by the Arkansas Insurance Department can execute this surety bond.

**Effective Date________________**

**Bond Number________________**

**STATE OF ARKANSAS**

WHEREAS, under the terms of A.C.A. § 17-25-401, et. seq., every contractor described therein must file with the Contractors Licensing Board a corporate surety bond or cash bond to secure compliance with A.C.A § 17-25-401, et. seq.

WHEREAS, every such contractor is required to comply with all the terms of said Code, and all rules and regulations promulgated by the Contractors Licensing Board pursuant to the authority of said Code, in the performance of contracts in the State of Arkansas:

NOW, therefore, we, the undersigned, as Principal and Surety (below), are held firmly bound to the State of Arkansas in the Sum of Ten Thousand Dollars ($10,000) for payment of which we bind ourselves, our heirs, assigns, executors and administrators, jointly and severally, conditioned that if the undersigned principal shall promptly pay any amount of money due as provided in A.C.A. § 17-25-401, et. seq., then this obligation shall be null and void; otherwise, it shall be in full force and effect.

The Surety reserves, however, the right to cancel the above bond on the giving of sixty (60) days written notice to the Principal and to the State of Arkansas (Contractors Licensing Board).

**Principal’s Company Name and EIN (as filed with the IRS)**

**Business Address & Phone#**

**Surety’s Name,**

**Address, and Phone#**

Agents: **Arkansas Insurance License must be attached**

Insurance Company Name or Agent (Exactly as it appears on the AR Insurance License)

Mailing Address & Phone#

**Signature of Agent/Broker/Producer**

Printed Name

Power of Attorney Signature (if different than above) or **IF Direct Underwriter - Surety Employee Signature**

**Contractor:** Mail, email: contractors.licensing.board@arkansas.gov or fax (501-372-2247) bond to the Board for processing: Contractors Licensing Board or ACLB, 4100 Richards Road, North Little Rock, AR, 72117

**Effective Date 6/2022 (Subcontractor Registration) 11.**
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  (501) 372-4661  www.arkansas.gov/clb
ONLINE DIRECTORY  (501) 682-3000  www.arkansas.gov/directory
CORPORATE FRANCHISE TAX  Secretary of State  (501) 682-3409
INDIVIDUAL INCOME TAX  (501) 682-1100
CORPORATE INCOME TAX  (501) 682-4775
SALES & USE TAXES  (501) 682-7104
UNEMPLOYMENT COMPENSATION  (501) 682-2121 or (855) 225-4440
WORKERS COMPENSATION  (501) 682-3930 or (800) 250-2511
LABOR STANDARDS  (501) 682-4505
**ASBESTOS  (501) 682-0744  www.adeq.state.ar.us
**BOILER CONSTRUCTION & REPAIR  (501) 682-4553  www.labor.arkansas.gov
**ELECTRICAL  (501) 682-4548  www.labor.arkansas.gov
**ELEVATORS, ESCALATORS, DUMBWAITERS, CHAIRLIFTS  (501) 682-4538  www.labor.arkansas.gov
**GAS FITTER  (501) 661-2642  www.healthy.arkansas.gov
**HVACR  (501) 683-5475  www.labor.arkansas.gov
**LANDSCAPING w/PLANTING  (501) 225-1598  www.aad.arkansas.gov
**LEAD ABATEMENT  (501) 671-1472  www.healthy.arkansas.gov
**PLUMBING  (501) 661-2642  www.healthy.arkansas.gov
**REFRIGERATION, COLD STORAGE  (501) 682-9201  www.labor.arkansas.gov
**SEPTIC TANK INSTALLATION & REPAIR  (870) 648-5446
**SHEET METAL, DUCTS, VENTILATION  (501) 682-9201  www.labor.arkansas.gov
**SIGNAL or BURGLAR ALARMS, FIRE DETECTION & MONITORING SYSTEMS  (501) 618-8600  www.asp.arkansas.gov
**SPRINKLERS, FIRE PROTECTION  (501) 661-7903  www.arfireprotection.org
**UNDERGROUND STORAGE TANKS  (501) 682-0993  www.adeq.state.ar.us
**WATER WELLS  (501) 682-3900  www.awwcc.arkansas.gov

PLEASE NOTE:  This list may not include all 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 these type projects without the specific classification from the Contractors Licensing Board may be in violation of the Contractors Licensing law.