

# Temporary Commercial Licensing Application



## State of Arkansas Contractors Licensing Board

**Application Fees are Non-Refundable/Non-Transferable**

**MAIL TO:**  
CONTRACTORS LICENSING BOARD  
4100 RICHARDS ROAD  
NORTH LITTLE ROCK, ARKANSAS 72117  
**Main Phone Number (501) 372-4661**  
**Web Site:** [www.arkansas.gov/clb](http://www.arkansas.gov/clb)

**If you don't meet the following requirements, then STOP....**

1. This application is ONLY for contractors that have a CURRENT out of state contractor license.
2. A temporary license will only be valid for 90 days once issued and CANNOT be reapplied for, renewed, or reinstated.
3. This temporary license will allow applicants, 90 days from the date of issued to complete all licensing requirements for a contractor license that will be renewable. (See the Commercial New Application)
4. Under the temporary license the job must completed within the 90 days from the date of issued or a contractor license that will be renewable must be valid. (See the Commercial New Application)

**The following must be "mailed" together in order to apply for this temporary license.**

1. Copy of current contractor license(s) from another state.
2. \$100 Filing Fee (check or money order only – payable to Contractors Licensing Board)
3. Complete Questions 1-7 on page 2.
4. Complete page 3. (See boxed section regarding Arkansas Trade License/Certificate that must be obtained before applying for the Arkansas temporary contractor license.)
5. Complete, sign and have notarized (including notary stamp) page 4, (Affidavit)
6. Required financial statement from a CPA. (See Financial Requirements below)
7. The completed "Original" \$10,000 Contractors Surety Bond. (See Bond Form and Instructions attached)

**If you CANNOT meet the "above" requirements, then a temporary license cannot be issued.**

**Financial Requirements –**

- To apply for a **"RESTRICTED" Commercial License**, (projects that are less than \$750,000 including, but not limited to, labor and materials), remit a **"Compiled"** financial statement from a CPA (CPA cannot be an "in-house" CPA) that is less than a year old. The financial statement must include the CPA's report letter and the balance sheet prepared in accordance with GAAP or Income Tax Basis (Accrual Method). Refer to Rules Act 150 (224-25-6). One half (1/2) of the net worth requirement for the classification(s) requested must be CASH in the bank and cannot be a stockholder note to the company or receivables.
- To apply for a **"Unrestricted" Commercial License**, (projects of any size), remit a **"Reviewed" or "Audited"** financial statement from a CPA (CPA cannot be an "in-house CPA) that is less than a year old. The financial statement must include the CPA's audited opinion letter or review report page, balance sheet prepared in accordance with GAAP or Income Tax Basis (Accrual Method), and the notes to the balance sheet. Refer to Rules Act 150 (224-25-6). One half (1/2) of the net worth requirement for the classification(s) requested must be CASH in the bank and cannot be a stockholder note to the company or receivables.

For office use only:

Arkansas Contractors Licensing Board

# Temporary Commercial License

\$100 – Ck/MO# \_\_\_\_\_

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

(For office use only)

Restricted  Unrestricted

1. Does the business hold a current contractors license outside of Arkansas?  
\_\_\_ NO If no, you **DO NOT** qualify for a temporary license. See the Commercial New Application.  
\_\_\_ YES If yes, attach a copy of license(s) from another state.

2. Company/Individual Name "Exactly" as Licensed on Out of State contractors license:

\_\_\_\_\_  
(Name must be exactly as it reads on the out of state contractor license).

3. **IF applicable** - "Doing Business As" (D/B/A) or Fictitious Name:

\_\_\_\_\_  
(Name must be exactly as it reads on the out of state contractor license).

4. EIN/Federal ID#: \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. **Contact Information:**

Company Phone# \_\_\_\_\_

Fax# \_\_\_\_\_

Company Email Address \_\_\_\_\_

Contact Person \_\_\_\_\_

7. Below complete Information: **(Please be sure to put middle initial in names)**

**If applying as a Sole Proprietorship:**

Name (w/ middle initial): \_\_\_\_\_ SSN: \_\_\_\_\_

**If applying as a Corporation, etc:**

President: \_\_\_\_\_ SSN: \_\_\_\_\_

Vice-President: \_\_\_\_\_ SSN: \_\_\_\_\_

Secretary: \_\_\_\_\_ SSN: \_\_\_\_\_

Treasurer: \_\_\_\_\_ SSN: \_\_\_\_\_

**List anyone/corporation that owns 10% or more interest in the entity requesting a license:**

Name: \_\_\_\_\_ SSN or EIN: \_\_\_\_\_

List the type of work you propose to perform as a License Contractor in the State of Arkansas (**BE SPECIFIC**). Understand that if applying for any classification that requires an Arkansas Trade License/Certificate then that trade license must be obtained first before a Temporary Contractor License can be issued (see box below for phone numbers to the Arkansas Trade/Certificate Boards).

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**If any of the following specialty classifications 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 (501-682-4549)
4. Elevator, Escalators, Dumbwaiters, Chairlifts (501-682-4530)
5. Gas Fitter (501-661-2642)
6. HVACR (501-682-9201)
7. Landscaping with planting (501-225-1598)
8. Lead Abatement (501-671-1472)
9. Plumbing (501-661-2642)
10. Refrigeration, Cold Storage (501-682-9201)
11. Septic Tank Installation & Repair (501-661-2171)
12. Sheet Metal, Ducts, Ventilation (501-682-9201)
13. Signal or Burglar Alarms, Fire Detection & Monitoring Systems (501-618-8600)
14. Sprinkler, Fire Protection (501-661-7903)
15. Underground Storage Tanks (501-682-0993)
16. Water Wells (501-682-3900)

**Complete the following section for each person that holds an Arkansas trade license/certificate (if more than one then make copies of this form for each person).**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

How long has this individual been with this company? \_\_\_\_\_

Position they hold with is company, check one: \_\_\_\_\_ Sole Owner  
\_\_\_\_\_ Full Time Paid Employee  
\_\_\_\_\_ Officer, member, or partner of this company  
and is actively involved in the day to day  
operations of this company

# AFFIDAVIT

For Corporation, LLC, LP, LLP, Partnership or Sole Proprietorship

I, \_\_\_\_\_, being duly sworn/affirmed, state under oath:  
(Name of Owner/Officer/Member/Partner/Sole Proprietorship)

That I am \_\_\_\_\_ of \_\_\_\_\_;  
(Position held) (Company Name, if applicable)

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 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 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/Sole Proprietorship)

State of \_\_\_\_\_

County of \_\_\_\_\_

Acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature) & notary stamp

# **INSTRUCTIONS FOR ARKANSAS \$10,000 CONTRACTORS "SURETY" BOND**

**\*\* All "Unrestricted or Restricted Commercial" Contractors are required to have this bond filed with the Board. \*\***

**MAIL COMPLETED "ORIGINAL" BOND, POWER OF ATTORNEY, AND  
AR INSURANCE LICENSE TO THE BOARD AT:** Contractors Licensing Board,  
4100 Richards Road, North Little Rock, AR 72117

## **AGENTS:**

**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.

**\*\*A copy of "Arkansas Insurance License" must be attached, as this will speed up the process of the bond being processed.\*\***

## **IF issued by Direct Underwriter:**

The bond may be executed solely by the "Surety" company. **An underwriter 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.**

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## **CONTRACTORS:**

**"Principal Company Name" exactly** as registered with the Secretary of State, this name is how all bids and work is to be performed. (Any other name could constitute a possible violation)

**\*\*The Board will only receive the "Original Bond" with Power of Attorney, AR insurance license, with all "Principal", Surety and Agency/Agent information completed (unless a direct underwriter), otherwise the bond could be rejected.\*\***

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 Michelle Spoor at 501-371-1506 or [michelle.spoor@arkansas.gov](mailto:michelle.spoor@arkansas.gov).



# \$10,000 Surety Bond

(Required by A.C.A. § 17-25-401)

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

**\*\*A copy of that Arkansas Insurance License "must" be attached\*\***

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,

**Principal's Company Name exactly as filed with the Secretary of State or will appear on the Contractors License**

Principal Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

as Principal, and **Surety's Name:** \_\_\_\_\_

Surety Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

as surety, 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).

**Agents: Please attach a copy of the Arkansas Insurance License**

\_\_\_\_\_  
**Company Name of Agency/Broker/Producer**  
**("Exactly" as it appears on the AR insurance license)**

\_\_\_\_\_  
**Principal's Signature**  
**(Must be an Owner, Officer, Partner, Member)**

\_\_\_\_\_  
**Mailing Address (of Agency/Broker/Producer)**

\_\_\_\_\_  
**Title - (Ex: Owner, Officer, Partner, Member)**

\_\_\_\_\_  
**City/State/Zip Code                      Phone Number**

\_\_\_\_\_  
**Principal's Federal ID#**

\_\_\_\_\_  
**\*\*Agent's/Broker's/Producer's Signature\*\***

\_\_\_\_\_  
**Power of Attorney Signature**  
**or "Surety" Signature –  IF Direct Underwriter**

**"ORIGINAL" SIGNED, AND PROPERLY EXECUTED BOND, POWER OF ATTORNEY, & COPY OF ARKANSAS INSURANCE LICENSE ARE TO BE FILED WITH THE BOARD AT: Contractors Licensing Board or CLB, 4100 Richards Road, North Little Rock, AR, 72117**