

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

Change of Address Form

To ensure you receive notifications, renewals and license, you must notify the Board of any address change.

Please PRINT Legibly-

Name on License: \_\_\_\_\_

License #: \_\_\_\_\_

Old Address: \_\_\_\_\_  
\_\_\_\_\_

**New Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

Telephone#: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Signature of Owner, Partner, or Officer: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please fax or mail your request to the provided information above.