

REQUEST TO DOWNGRADE LICENSE

ID # _____

Arkansas Contractors Licensing Board
4100 Richards Road
North Little Rock, AR 72117
Ph: 501-372-4661

(Top right corner of license.)

I, _____, of _____
(Name of owner, officer, member, or partner) (Company Name as it appears on the license)

hereby formally request to **downgrade** my license from a _____
license to: (Commercial, Residential or UNLIMITED Home Improvement)

Only check one: **See "requirements" below, needed with this form.**

____ **Commercial "Restricted" – (jobs less than \$750,000 including labor and material)**

____ **Residential Builder (ONLY if you had Building, Light Building or Residential Builder)**

____ **Unlimited - Home Improvement (w/ current specialties)**

____ **Limited - Home Improvement (w/ current specialties)**

Requirements:

Limited – (Home Improvement projects **less than \$50,000.00**) - **A renewal application and filing fee are also needed if at the time of renewal, fee is on the back of the renewal, as requested under filing fee.** A balance sheet and proof of workers compensation insurance are **NOT** required, for licensing purposes only.

Unlimited or Residential Builder – **A renewal application and filing fee are also needed if at the time of renewal, fee is on the back of the renewal, as requested under filing fee.** A balance sheet and proof of workers compensation insurance (if 1 or more employees) are required.

Commercial "Restricted" – **A renewal application and filing fee are also needed if at the time of renewal, fee is on the back of the renewal, as requested under filing fee.** A compiled financial statement prepared by CPA, and workers compensation insurance (if 1 or more employees) are required.

By signing this, I understand that I can only do work within the scope and limits noted on the license.

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

Phone: _____

Fax: _____

Email: _____

Please contact Michelle Spoor @ 501-371-1506 or michelle.spoor@arkansas.gov with any questions regarding this form.

OFFICE USE ONLY:

Processed by: _____

Revised 1/2018 (mc)