

UPGRADE License Request

(New Application)

ID# _____

(Located in the top right corner of the license.)

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

FILING FEE: \$ _____

This form can NOT be used to obtain a "New" license for the first time such as a Commercial license, Residential Builders license, Residential Remodelers license, or Home Improvement - Specialty license, the new application must be completed.

In addition to the below documentation needed:

If it's time to renew the license, please renew at Arkansas.gov/clb. Go to renew a license, enter the License# (first 6 #'s including any 0's), the ID# (in the "right" corner of the license).

"Mail" the additional documents "below" to the Boards address at the top of this form.

Licensed Entity Name & Lic #, as it appears on the license: _____

Contact for questions regarding this request: Print Name: _____ Phone: _____

Please upgrade the current license: _____ Does the licensed entity have employees? ___ Yes ___ No

From: (current license type)

- _____ Limited - Home Improvement (w/ current specialties)
- _____ Unlimited - Home Improvement (w/ current specialties)
- _____ Residential Builder
- _____ Restricted Commercial (**Restricted - projects less than \$750,000**)

To: (as previously licensed)

_____ Unlimited - Home Improvement (w/ current specialties)

***A \$50.00 filing fee, balance sheet & proof of workers comp insurance (if any employees) must be submitted with this form. ***

_____ Residential Builder (as previously licensed)

***A \$100.00 filing fee, balance sheet & proof of workers comp insurance (if any employees) must be submitted with this form. ***

_____ Restricted Commercial (Restricted - projects less than \$750,000)

***A \$100.00 filing fee, CPA prepared compiled financial statement, current \$10,000 surety bond, proof of workers comp insurance (if 1 or more employees) must be submitted with this form. ***

_____ Regular Commercial (Projects of any size)

***A \$100.00 filing fee, CPA prepared reviewed or audited financial statement, current \$10,000 surety bond, proof of workers comp insurance (if any employees) must be submitted with this form. ***

Fees are non-refundable. Send money order or check made out to CLB or Contractors Licensing Board with this application.

By signing this, I understand that I cannot do work outside the classification(s) / specialty(s) listed on the license. *** I also understand that if all the requested information is not submitted with this application, it will "NOT" be processed. This request 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 or michelle.spoor@arkansas.gov with any questions regarding this form.

OFFICE USE ONLY: Processed by: _____ Processing Fee Paid ___ Yes ___ No

Revised 7/2020