

Temporary Home Improvement Specialty 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

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

1. This application is ONLY for contractors that have a CURRENT out of state contractors 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 contractors license that will be renewable. (See the Home Improvement Specialty New Application)

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

1. Copy of current contractors license(s) from another state.
2. \$50 Filing Fee (check or money order only – payable to Contractors Licensing Board)
3. Complete Questions 1-8 on page 2.
4. Complete, sign and have notarized (including notary stamp) page 3, (Affidavit)
5. **If requesting "UNLIMITED" Home Improvement Specialty License - (See explanation below for Limited and Unlimited)**

For "Unlimited" a CURRENT compiled balance sheet less than one (1) year old. DO NOT SEND INCOME STATEMENTS. The balance sheet must be in the name of the applicant obtaining the license. Only Sole Proprietorships can submit a personal balance sheet, it **must exclude** your personal residence, retirement accounts includes stocks, bonds and cash value of life insurance. **All balance sheet statements must show a POSITIVE NET WORTH. A "blank" balance sheet is enclosed on page 4.** Schedule "L" from the corporation tax return may also be used. (NO other tax forms will be accepted other than the Schedule "L").

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

Types of license for Home Improvement Specialty

1. **LIMITED** = can ONLY do residential home improvement projects less than \$50,000, including, but not limited to, labor and material.
2. **UNLIMITED** = residential home improvement projects on any size. **A balance sheet is required for this license, a "blank" balance sheet is on page 4.**

For office use only:
Arkansas Contractors Licensing Board
Temporary HI Specialty License
\$50 – Ck/MO# _____
 Limited Unlimited

ID# _____
(For office use only)

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 Home Improvement Specialty New Application).
___YES If yes, attach a copy of license(s) from another state.

2. Which "type" license would you like: See page 1 for "Types of license for Home Improvement Specialty".
 LIMITED UNLIMITED

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

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

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

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

5. EIN/Federal ID#: _____

6. Mailing Address: _____
City: _____ State: _____ Zip Code: _____

7. **Contact Information:**
Company Phone# _____
Fax# _____
Company Email Address _____
Contact Person _____

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

Sole Proprietorship Data:

Name (w/ middle initial): _____ SSN: _____

Corporation Data:

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: _____
Name: _____ SSN or EIN: _____
Name: _____ SSN or EIN: _____
Name: _____ SSN or EIN: _____
Name: _____ SSN or EIN: _____
Name: _____ SSN or EIN: _____
Name: _____ SSN or EIN: _____
Name: _____ SSN or EIN: _____
Name: _____ SSN or EIN: _____
Name: _____ SSN or EIN: _____

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

ARKANSAS CONTRACTORS LICENSING BOARD

THIS FORM IS ONLY FOR RESIDENTIAL BUILDER, UNLIMITED RESIDENTIAL REMODELER, AND UNLIMITED HOME IMPROVEMENT CONTRACTORS

IMPORTANT READ CAREFULLY: It is mandatory that the financial statement be submitted accurately and in accordance with the provisions of Ark. Code Ann. 17-25-506. The Committee will also accept a CPA prepared balance sheet or Schedule "L" from tax return in lieu of this statement.

Name of Company or Sole Proprietorship **Date of Balance Sheet**

Note: Any willful misrepresentation could result in a violation and loss of license.

Current Assets	Amount
Cash	
a. In Banks	\$
b. Elsewhere (explain)	\$
Accounts Receivable	\$
Work in progress (unbilled)	\$
Total Current Assets	\$
Fixed Assets	
Equipment (Book value not appraised value No Tools)	\$
Furniture & Fixtures	\$
Real Estate (rental houses) (not personal residence)	\$
Auto's used in business (Book value not appraised value)	\$
Total Fixed Assets	\$
(1) TOTAL ALL ASSETS	\$
Current Liabilities	Amount
Accounts payable	\$
Federal Taxes Due	\$
State Taxes Due	\$
Liens	\$
Judgments	\$
Other (explain)	\$
(2) Total Current Liabilities	\$
(1) Total ALL Assets – (2) Total Current Liabilities = NET WORTH	\$