ARKANSAS CONTRACTORS LICENSING BOARD

Reciprocal Form Instructions

The State of Arkansas has entered into reciprocal agreements with the States of Tennessee, Mississippi, Alabama, and Louisiana in order to allow qualified contractors the ability to move from state to state in the least restrictive manner. This agreement does not minimize the ability of the State of Arkansas to investigate the applicant in any way. This agreement does not relieve the contractor of the responsibility of furnishing any necessary information to the Contractors Licensing Board State of Arkansas as required.

In order to consider reciprocity when submitting a NEW APPLICATION (go to “apply for a contractor license”) for a contractor license in the State of Arkansas, the following requirements must be met:

1. You must complete and submit the New Application for a license along with this completed form IF you meet one of the following............
   -In Alabama you must have a valid contractor license for at least one (1) year.
   -In Louisiana you must have a valid contractor license.
   -In Mississippi you must have a valid contractor license for at least one (1) year.
   -In Tennessee you must have a valid contractor license for at least three (3) years.

   We cannot accept forms that are notarized over 90 days from date received.

2. The applicant must show proof of licensure in that state by providing the completed Reciprocal Form. The Contractors Licensing Board State of Arkansas retains the authority to require all necessary information by an applicant to show cause for the issuance for a contractor license in this state.

3. The applicant must complete the Reciprocal Form (top section), sign, date, and then send it to the verifying state to be completed by that state. When the form is completed by both parties, send it to this office at:
   Contractors Licensing Board
   4100 Richards Road
   North Little Rock, AR 72117
   FAX# (501) 372-2247
   Contractors.licensing.board@arkansas.gov

4. **You as the contractor are responsible to send the Reciprocal Form to the verifying state for that contractor licensing board to complete the bottom section. You are also responsible to get that completed form back to us. **

**Those applicants applying for Plumbing, Electrical, HVACR or other classifications where a trade exam may be applicable will be required to meet all requirements of that agency involved.

Revised 6/2021
TO BE COMPLETED BY APPLICANT.....

1. Instructions to Applicant for Reciprocal: Insert your name and address and complete the top portion of this request. The verifying state can fax/email/mail the completed form to our office.

Company Name__________________________________________________
Mailing address__________________________________________________
City_______________________________ State_______ Zip ______________
I am requesting licensure in the State of Arkansas as a licensed contractor. I have been licensed in the State of __________________________under the following:
Company Name:__________________________________________________
Company EIN: __________________________   License# ________________
Business & Law Qualifier Name:______________________________________
SS# ________________________

2. Although I am not required to pass an Arkansas Business and Law Examination before becoming licensed in the State of Arkansas, I recognize that I am not exempted from the Laws of the State of Arkansas and its agencies, including the Department of Finance and Administration, Employment Security Division, Workers Compensation, and all other applicable agencies.

__________________________________________________________
(Signature of Owner/Officer/Member/Partner/Sole Proprietor)

BETWEEN TO BE COMPLETED BY VERIFYING STATE.....

**Verifying State - Please furnish the information requested. Sign and verify the document.**

It is hereby verified that (company name)______________________________________ was first licensed on ____/_____/____, by the State of __________________________ as follows:
License# __________________ Current License Status __________________
Classification(s) / Specialty(s): (List or attach copy of license)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Business & Law Score (check one):
_____ Waiver (explain)
_____ Exam: Name of Qualifier __________________________   SS#_____________________
Exam Score_________________
Any Disciplinary Action(s): ___yes ___no (If yes, please attach details)

Signature of Person Filling Out Form: _______________________________
Date Signed:___________________________________________________
State/Agency __________________________   Seal/Stamp Here
Agency: __________________________   Phone:________________________

Revised 6/2021