State of Arkansas
CONTRACTORS LICENSING BOARD

Residential Builders
New Application

$100.00 Filing Fee - NON-REFUNDABLE / NON-TRANSFERABLE

MAIL TO:
CONTRACTORS LICENSING BOARD
4100 RICHARDS ROAD
NORTH LITTLE ROCK, ARKANSAS 72117
Main Phone Number (501) 372-4661
FAX Number (501) 372-2247
Web Site: www.arkansas.gov/clb

PLEASE READ THE INSTRUCTIONS (page 2)
BEFORE COMPLETING THE APPLICATION

RESIDENTIAL BUILDERS
INSTRUCTIONS / CHECKLIST

The completed application must be in this office three (3) weeks prior to a committee meeting to be reviewed. For a list of meeting dates, check our website at www.arkansas.gov/clb. Once the application is received in our office, it must be complete by 90 days. After 90 days, another application and filing fee, etc. will be required.

1. If you already have a current Commercial license and want to add Residential Builder…**STOP!!!** Complete the "Commercial Licensee Adding Residential Builder" form from our website.

2. Complete the Application- Pages 3, 7, 8 (if applicable), 9, and 10 (both the Affidavit & the Affidavit Regarding Bidding or performance of Work).

3. $100.00 filing fee made payable to the Contractors Licensing Board. (**FEES ARE NON-REFUNDABLE / NON-TRANSFERABLE**)

4. Three (3) references on forms provided (pages 4, 5, and 6). The references should not be from a supplier or banker, unless they have observed your work and can describe it. **The references must show four (4) years appropriate experience in construction. The experience must justify the issuance of a Residential Home Builder's license**. **THE INDIVIDUALS GIVING THE REFERENCES, NOT THE PERSON APPLYING FOR THE LICENSE, MUST COMPLETE THE REFERENCE FORMS. We cannot accept references that are more than 90 days old.**

5. Copy of the Arkansas Business and Law passing test score. Please refer to page 11 & 12 for more information about the test. **The license can be approved but not released without this passing test score unless the same entity currently has a lower class license.**

6. **CURRENT** compiled balance sheet less than one (1) year old. **DO NOT SEND INCOME STATEMENTS. A blank balance sheet can be printed off at www.arkansas.gov/clb; Forms; Balance Sheet.** The balance sheet must be in the name of the applicant obtaining the license. Only Sole Proprietorships can submit a personal balance sheet and the balance sheet **must exclude** your personal residence and retirement accounts includes stocks and bonds and cash value of life insurance. **All balance sheet statements must show POSITIVE NET WORTH. A Schedule "L" from your corporation tax return may also be used. (No other tax forms will be accepted other than the Schedule "L").**

7. If applying as a Corporation, LLC, LP, or LLP, attach a copy of the Articles/Filings from the entity's Secretary of State's Office. If a fictitious name has been registered for this company, attach a copy of the fictitious name registration.

8. **If the applicant has one or more employees:** You must have Worker's Compensation insurance coverage. Provide us with a current certificate of insurance verifying Worker's Compensation insurance coverage. **The license can be approved but not released without this Worker's Compensation insurance certificate unless the same entity currently has a lower class license.**

Do not write in this space - CLB OFFICAL USE ONLY

Filing Fee: $_____ ID#: _____

Residential Builders New Application

PRINT NAME OF COMPANY OR NAME (IF APPLYING AS A SOLE PROPERIORSHIP) AS YOU WISH FOR IT TO APPEAR ON LICENSE. IF APPLYING AS A CORPORATION, LLC, OR LLP, IT MUST READ EXACTLY AS REGISTERED WITH THE SECRETARY OF STATE OFFICE. APPLICANTS MUST CONDUCT / CONTRACT BUSINESS UNDER THE EXACT NAME SHOWN UPON THE LICENSE.

ANSWER ALL OF THE FOLLOWING QUESTIONS:

Indicate the type of entity seeking a license by "circling" one of the choices below:

SOLE PROPRIETORSHIP CORPORATION LLC PARTNERSHIP LP LLP

List Corporation Name, LLC Name, Partnership Name, LP Name, LLP Name / Sole Proprietorship

_____

Fictitious Name / D/B/A Name: _____

(If Applicable)

List the Federal ID# / EIN _____

Mailing Address _____City _____

State _____ Zip Code _____ County/Parish _____

Company Phone _____ Fax _____

E-mail Address _____

Name and Phone # for person to Contact with any Questions regarding this application request:

_____

Complete the following with information on the person that will take or has taken the Business & Law Exam

Name _____ Social Security # _____

How long has this individual been with this company? _____

Position held with this company, check one: _____ Sole Owner

_____ Full time paid employee

_____ Officer, member, or partner of the company and is actively involved in the day to day operations

Arkansas Contractors Licensing Board
4100 Richards Road
North Little Rock, Arkansas 72117
Main Phone 501-372-4661 (FAX 501-372-2247)

REFERENCE

(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly.)

APPLICANT NAME & ADDRESS as shown on application

_____
_____
_____

(GIVE DETAILED ANSWERS)
THE PURPOSE OF THIS FORM IS TO VERIFY WORK EXPERIENCE, NOT CREDIT HISTORY.

1. **Yes ___ No ___ Are you related to or affiliated with the owners of the company or any of the employees?**
   If yes, you are not eligible to complete this form. STOP!!!
2. **If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for:_____**
3. **_____ To your personal knowledge, how long has the company or individual been performing the type of work listed in this reference?**
4. **List the type of work this company or individual has completed of which you have firsthand knowledge. Please state if the work is New Construction, Addition to Existing Structure, Etc. (be specific)**
   _____
   _____
5. **List specific projects this company or individual has completed of which you have firsthand knowledge. Please state if the work is New Construction, Addition to Existing Structure, Etc. Please be specific including the name of the project(s), dollar amount of the project(s), square feet of the project(s), and approximate date of the project(s).**
   _____
   _____
   _____
   _____
   _____
6. **Yes ___ No ___ Are you aware of any project that this company or individual has failed to complete? If yes, explain.**
   _____
   _____
7. **In your own words describe this company or individual's overall performance and ability to meet the customers' needs.**
   _____
   _____
8. **Yes ___ No ___ Would you recommend this company or individual to be a licensed contractor? If no, please explain.**
   _____
   _____
9. **Yes ___ No ___ Are you aware of any incidences where this company or individual has failed to pay for materials, failed to pay employees or subcontractors? If yes, please provide details.**
   _____
   _____

By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.

Name & Address of Person giving this reference: (Print)

_____
_____
_____

Signature_____

Date _____

Phone No._____

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_____
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(GIVE DETAILED ANSWERS)
THE PURPOSE OF THIS FORM IS TO VERIFY WORK EXPERIENCE, NOT CREDIT HISTORY.

1. **Yes ___ No ___ Are you related to or affiliated with the owners of the company or any of the employees?**
   If yes, you are not eligible to complete this form. STOP!!!
2. **If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for:_____**
3. **_____ To your personal knowledge, how long has the company or individual been performing the type of work listed in this reference?**
4. **List the type of work this company or individual has completed of which you have firsthand knowledge. Please state if the work is New Construction, Addition to Existing Structure, Etc. (be specific)**
   _____
   _____
5. **List specific projects this company or individual has completed of which you have firsthand knowledge. Please state if the work is New Construction, Addition to Existing Structure, Etc. Please be specific including the name of the project(s), dollar amount of the project(s), square feet of the project(s), and approximate date of the project(s).**
   _____
   _____
   _____
   _____
   _____
6. **Yes ___ No ___ Are you aware of any project that this company or individual has failed to complete? If yes, explain.**
   _____
   _____
7. **In your own words describe this company or individual's overall performance and ability to meet the customers' needs.**
   _____
   _____
8. **Yes ___ No ___ Would you recommend this company or individual to be a licensed contractor? If no, please explain.**
   _____
   _____
9. **Yes ___ No ___ Are you aware of any incidences where this company or individual has failed to pay for materials, failed to pay employees or subcontractors? If yes, please provide details.**
   _____
   _____

By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.

Name & Address of Person giving this reference: (Print)

_____
_____
_____

Signature_____

Date _____

Phone No._____

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_____
_____

(GIVE DETAILED ANSWERS)
THE PURPOSE OF THIS FORM IS TO VERIFY WORK EXPERIENCE, NOT CREDIT HISTORY.

1. **Yes ___ No ___ Are you related to or affiliated with the owners of the company or any of the employees? If yes, you are not eligible to complete this form. STOP!!!**
2. **If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for:_____**
3. **_____ To your personal knowledge, how long has the company or individual been performing the type of work listed in this reference?**
4. **List the type of work this company or individual has completed of which you have firsthand knowledge. Please state if the work is New Construction, Addition to Existing Structure, Etc. (be specific)**
   _____
   _____
5. **List specific projects this company or individual has completed of which you have firsthand knowledge. Please state if the work is New Construction, Addition to Existing Structure, Etc. Please be specific including the name of the project(s), dollar amount of the project(s), square feet of the project(s), and approximate date of the project(s).**
   _____
   _____
   _____
   _____
   _____
6. **Yes ___ No ___ Are you aware of any project that this company or individual has failed to complete? If yes, explain.**
   _____
   _____
7. **In your own words describe this company or individual's overall performance and ability to meet the customers' needs.**
   _____
   _____
8. **Yes ___ No ___ Would you recommend this company or individual to be a licensed contractor? If no, please explain.**
   _____
   _____
9. **Yes ___ No ___ Are you aware of any incidences where this company or individual has failed to pay for materials, failed to pay employees or subcontractors? If yes, please provide details.**
   _____
   _____

By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.

Name & Address of Person giving this reference: (Print)

_____
_____
_____

Signature_____
Date _____
Phone No._____

APPLICANT INFORMATION

Note: For the following questions 1-17, **"You/Your" means, this organization, any officer, the qualifier of this company, you, or anyone who owns 10% or more the entity.**

Yes___ No___ 1. Have you ever had a contractor license or been associated with a contractor license in this state or any other state? (See definition of "you" above) **If yes, attach separately a list of those that apply.**

Yes___ No___ 2. Do you knowingly employ any individual(s), or hire workers as independent contractors, who do not have legal authority to work in the United States of America? (See definition of "you" above)

Yes___ No___ 3. Are you legally authorized to work in the United States of America? (See definition of "you" above)

Yes___ No___ 4. Do you understand that the failure to comply with the Federal law on the hiring, as employees or as subcontractors of workers without legal authority to work in the United States of America can lead to the revocation of the contractor license in the State of Arkansas? (See definition of "you" above)

Yes___ No___ 5. Does this applicant have one or more employees?

Yes___ No___ 6. Does the applicant have Workers Compensation Insurance?

Yes___ No___ 7. Are you on Active Duty in the United States Military and stationed in Arkansas?

Yes___ No___ 8. Is your spouse on Active Duty in the United States Military and stationed in Arkansas?

Yes___ No___ 9. Are you a former member of the United States Military who has been discharged from Active Duty within the last 12 months, under circumstances other than dishonorable?

Yes___ No___ 10. Is your spouse a former member of the United States Military who has been discharged from Active Duty within the last 12 months, under circumstances other than dishonorable?

Yes___ No___ 11. If you answered "yes" to questions 7, 8, 9, or 10 and hold a current contractor license issued by another state, are you requesting a temporary license? **If yes, provide a copy of your current contractor license issued by another state.**

Answering "yes" to any of the following questions will not automatically disqualify you for a contractor license.

Yes___ No___ 12. Have you, or any construction related entity in which you were an investor, partner, officer, ever failed to complete a project awarded to you? **If yes, attach separately a statement of circumstance, the name of the individual, other organization and reason for failure.**

Yes___ No___ 13. Have you filed bankruptcy or were you a part of any other organization that has filed bankruptcy within the last ten (10) years? (See definition of "you" above) **If yes, attach a written explanation as to why bankruptcy had to be filed, along with a copy of the document prepared by your attorney listing the creditors that shows the amounts owed to each creditor and a copy of the bankruptcy discharge.**

Yes___ No___ 14. Have you ever pleaded guilty, no contest, nolo contendere, been convicted, found guilty, or been sentenced for any felony or misdemeanor, other than traffic violations? (See definition of "you" above) **If yes, complete the "Criminal Background Information" form (page 8) for each offense.**

Yes___ No___ 15. Are you required to register on the sex offender registry in this state or any other state? (See definition of "you" above) **If yes, please attach separately a written explanation as to what occurred and when this occurred.**

Yes___ No___ 16. Do you or any construction related entity in which you own 10% or more, have any outstanding liens, judgments, or pending litigation? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes___ No___ 17. Have you ever had a license revoked or suspended, been penalized or disciplined, by the Arkansas Contractors Licensing Board, the Arkansas Residential Committee, or any other state? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Complete this form **ONLY** if "yes" was answered to question #14 on page 7……

Criminal Background Information

State of Arkansas Contractors Licensing Board

IN CASE OF MULTIPLE OFFENSES, MAKE A COPY OF THIS FORM TO SHOW INFORMATION FOR EACH OFFENSE…

1. Offender's legal name: _____

2. Offender's SSN: _____

3. The crime in question: _____

4. The date of the conviction: _____

5. The jurisdiction (State, County, and City): _____

6. The sentence: _____

_____

_____

7. If you were incarcerated, the date of your release: _____

8. If you were placed on probation or parole, the date of release from probation or parole: _____

_____

9. Has the offense been sealed by the Court, pardoned, or expunged? If so, which one?: _____

_____

10. Written explanation as to what occurred: _____

_____

_____

_____

_____

_____

_____

Corporation, LLC, Partnership, LP, LLP, or Sole Proprietorship Data

Sole Proprietorship Data:

Please list full name (w/ middle initial) of the following:

Individual _____ SSN _____

Date the Company registered with the Arkansas Secretary of State's office (501-682-3409): _____

Corporation Data:

Please list full name (w/ middle initial) of the following:

President _____ SSN _____
Vice-President_____ SSN _____
Secretary _____ SSN _____
Treasurer _____ SSN _____

FOR ALL: For Corporation, LLC, Partnership, LP, or LLP:

List anyone who owns 10% or more interest in the entity requesting a license.

- If the "anyone" is an individual, please print full legal name and their SSN.
- If the "anyone" is a corporation or LLC, please the legal company/LLC name and the Federal ID#.

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

(Corporation, LLC, Partnership, LP, LLP, Sole Proprietorship)

I, _____, being duly sworn/affirmed, state under oath:
(Name of Owner/Officer/Member/Partner/Sole Proprietor)

That I am _____ of _____;
(Position held) (Company Name)

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 Proprietor)

AFFIDAVIT REGARDING BIDDING OR PERFORMANCE OF WORK

I, _____, being duly sworn/affirmed, states under oath: that, he or she is
(Name of Owner/Partner/Officer/Member/Sole Proprietor)
_____ of _____
(Position Held) (Company Name, if Applicable)

the applicant named herein; that with respect to any **Residential** construction in the State of Arkansas:
The Applicant:

1. Is not now a party on any contract for such work.
2. Does not have outstanding any such work or any bid for such work.
3. Will not bid, contract or perform any such work until such time as the applicant is approved and a license has been issued to the applicant.

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

IF YOU DO NOT HAVE A LICENSE AND YOU HAVE BID OR CONTRACTED ANY WORK REQUIRING AN ARKANSAS CONTRACTORS LICENSE, YOUR BID MUST BE WITHDRAWN OR YOUR CONTRACT VOIDED (PROOF MUST BE SUBMITTED TO OUR OFFICE) BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

IF YOU HAVE ANY WORK IN PROGRESS THAT REQUIRES AN ARKANSAS RESIDENTIAL BUILDERS CONTRACTORS LICENSE YOU MUST COMPLETE THE FOLLOWING QUESTIONS BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

List Project Name & Address:

_____

_____

_____

Date Project Started: _____
Date Project Completed: _____
Total Dollar Amount of Project: $ _____

******The submission of an incomplete or false affidavit constitutes fraud or deceit in obtaining a license and may result in the revocation of the license.******

Arkansas Business & Law Test
(Instructions)

The test is given by an independent testing company (P.S.I). If you have questions about the test or need more information beyond what is furnished here please call them at 1-855-257-1620.

Examination Fee: $84.00
Examination fees are not refundable or transferable

Registration Instructions:
Registering Online: **www.psiexams.com** Phone: P.S.I. at 1-855-257-1620

Follow these instructions:

1. Go to the above website. CREATE YOUR ACCOUNT FIRST!!!
   Put in your email address and the spelling of your name EXACTLY as it is shown on your identification that you will be presenting at the examination site.
2. Once your account is created follow these instructions:
   a. Click on View all my activities
   b. Click on register for a test
   c. Click on Select Organization
   d. Select Government/State Licensing Agencies
   e. Click on Select Jurisdiction
   f. Select Arkansas
   g. Click on Select Account
   h. Click on AR Construction
   i. Under Classification click on AR Business and Law Examination
   j. Click on Register and enter personal contact information; hit submit
   k. Click to check the box that reads AR Business and Law Examination (120 minutes)
   l. Click continue – enter payment information and follow instructions from there.
3. Testing is held Monday - Saturday at most sites. Hours are determined at each site.
4. The test is open book, multiple choice, and 50 questions, with a 2-hour time limit.
5. You can order the book by calling the publisher directly at (623) 587-9519.
   Order the following:
   Arkansas Contractors Guide to Business, Law and Project Management
6. You may highlight, underline, annotate, and or tab with permanent tabs prior to the exam session. However, reference material may not be written in during the exam session.
7. Permanent tabs are permitted.
   (Permanent tabs are defined as tabs that would tear the page if removed)
8. Temporary tabs are NOT permitted.
   (Temporary tabs are defined as post-it notes or other tabs that may be removed without tearing the page)
9. Applicants with disabilities or those who would otherwise have difficulty taking the examination should request for alternative arrangements by calling P.S.I at 855-257-1620.
10. On the day of your examination, you must arrive at the P.S.I. Center 30 minutes before your scheduled appointment to complete the admission procedures required before your test begins. You must bring the following with you: One official government issued photo identification such as a driver's license, passport, etc., and your Contractors Guide to Business, Law and Project Management, Arkansas Edition.

PLEASE BE ADVISED:

a) You will only be tested from the Contractors Guide to Business, Law and Project Management, Arkansas Edition.
b) Verify your exam before you take the test to make sure it is the AR Contractors Exam.
c) **P.S.I will give you your results immediately. You can also have P.S.I. send the results directly to you**. **It is your responsible to get the passing test score to our office by fax 501-372-2247 or regular mail.** If you request your results be sent to our offices it could take several weeks to get to us, which could postpone the approval and release of your license.

NASCLA CONTRACTORS GUIDE TO BUSINESS, LAW AND PROJECT MANAGEMENT, ARKANSAS EDITION

ORDER FORM

To order a copy of the ***NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition, Tabs Bundle Pak***, you can visit our website bookstore at www.nascla.org. You can also order by mailing a copy of this order form to the address below with credit card information.

NASCLA
23309 N. 17th Drive, Suite 110
Phoenix, Arizona 85027
Phone (623) 587-9519 Fax (623) 587-9625 or
Online @ www.nascla.org

The ***NASCLA Contractors Guide to Business, Law and Project Management, Tabs Bundle Pak*** offers our permanent reference tabs that will help you navigate quickly through this publication. Please note that these tabs are self-adhesive and must be added at least one day prior for sufficient adhesive power.

SHIP TO:

Name _____

Company _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ - _____ Fax (_____) _____ - _____

Email Address _____

METHOD OF PAYMENT (Due to possible added sales tax, checks are not accepted):

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number _____ Exp. Date _____ /_____ CVC _____

Name on Card _____ Signature _____

PLEASE SEND:

_____ Copy(ies) of the ***NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition Tabs Bundle Pak*** @ $64.99 $_____

_____ Copy(ies) of the ***NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition*** @ $57.00 $_____

SHIPPING & HANDLING:

$ 12.00 for one book ($6.00 for each additional book) $_____

SALES TAX: *Addition State Sales Tax Rates could apply.* **TOTAL** $_____

CHECKLIST OF HELPFUL NUMBERS

FOR CONTRACTORS PLANNING TO OPERATE IN THE STATE OF ARKANSAS

THE FOLLOWING IS A LIST OF REGULATORY AGENCIES TO WHICH YOU COULD BE RESPONSIBLE WHILE DOING BUSINESS IN THE STATE OF ARKANSAS.

CONTRACTORS LICENSE	(501) 372-4661	www.arkansas.gov/clb
ONLINE DIRECTORY	(501) 682-3000	www.arkansas.gov/directory
CORPORATE FRANCHISE TAX	Secretary of State	(501) 682-3409
INDIVIDUAL INCOME TAX	(501) 682-1100	
CORPORATE INCOME TAX	(501) 682-4775	
SALES & USE TAXES	(501) 682-7104	
UNEMPLOYMENT COMPENSATION	(501) 682-2121 or (855) 225-4440	
WORKERS COMPENSATION	(501) 682-3930 or (800) 250-2511	
LABOR STANDARDS DIVISION	(501) 682-4505	
****ASBESTOS**	(501) 682-0744	www.adeq.state.ar.us
****BOILER CONSTRUCTION & REPAIR**	(501) 682-4553	www.labor.arkansas.gov
****ELECTRICAL**	(501) 682-4548	www.labor.arkansas.gov
****ELEVATORS, ESCALATORS, DUMBWAITERS, CHAIRLIFTS**	(501) 682-4538	www.labor.arkansas.gov
****GAS FITTER**	(501) 661-2642	www.healthy.arkansas.gov
****HVACR**	(501) 683-5475	www.labor.arkansas.gov
****LANDSCAPING w/PLANTING**	(501) 225-1598	www.aad.arkansas.gov
****LEAD ABATEMENT**	(501) 671-1472	www.healthy.arkansas.gov
****PLUMBING**	(501) 661-2642	www.healthy.arkansas.gov
****REFRIGERATION, COLD STORAGE**	(501) 682-9201	www.labor.arkansas.gov
****SEPTIC TANK INSTALLATION & REPAIR**	(870) 648-5446	
****SHEET METAL, DUCTS, VENTILATION**	(501) 682-9201	www.labor.arkansas.gov
****SIGNAL or BURGLAR ALARMS, FIRE DETECTION & MONITORING SYSTEMS**	(501) 618-8600	www.asp.arkansas.gov
****SPRINKLERS, FIRE PROTECTION**	(501) 661-7903	www.arfireprotection.org
****UNDERGROUND STORAGE TANKS**	(501) 682-0993	www.adeq.state.ar.us
****WATER WELLS**	(501) 682-3900	www.awwcc.arkansas.gov

PLEASE NOTE: This list may not include all the State Regulatory Offices, which you might need to contact. You should contact your accountant or attorney as to any other agencies which you may need to contact due to the special nature of your business.

**Requires proof of appropriate certification/licensure before the Contractors Licensing Board will approve the classification(s). Performing any of the following type projects without the appropriate certificate/license from the agency in question may be in violation of that agency's law. Performing any of these type projects without the specific classification from the Contractors Licensing Board may be in violation of the Contractors Licensing law.