

# Temporary Residential Remodeler 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](http://www.arkansas.gov/clb)

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

1. This application is for contractors that have a current STATE contractor license OR can provide references on our enclosed references forms (pages 3, 4, and 5) showing experience in room additions or structural changes to an existing home.
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 contractor license that will be renewable. (See the Residential Remodeler New Application)

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

1. Copy of current STATE contractor license(s) from another state OR completed reference forms (pages 3,4,& 5).
2. \$50 Filing Fee (check or money order only – payable to Contractors Licensing Board).
3. Complete Questions 1-8 on page 2.
4. Complete and sign the Affidavit (page 6).

**5. If requesting "UNLIMITED" RESIDENTIAL REMODELER 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 7. 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 Residential Remodeler**

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 7.**

Effective Date 6-2021 (Temp Res Remodeler App) 1.

For office use only:  
Arkansas Contractors Licensing Board  
**Temporary Res Remodeler License**  
\$50 – Ck/MO# \_\_\_\_\_  
 Limited  Unlimited

ID# \_\_\_\_\_  
(for office use only)

1. Does the business hold a current STATE contractor license outside of Arkansas?  
\_\_\_ NO If no, submit reference forms (pages 3, 4, and 5).  
\_\_\_ 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 Residential Remodeler".  
 LIMITED  UNLIMITED
3. Company/Individual Name "Exactly" as Licensed on Out of State contractor license:

\_\_\_\_\_  
**(Name must be exactly as it reads on the out of state contractor 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 contractor 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: \_\_\_\_\_

---

---

## 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. \_\_\_\_\_

---

---

## 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. \_\_\_\_\_

---

---

## 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. \_\_\_\_\_

# 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)

Only fill out this form if applying for an “UNLIMITED” license.....

| <b>ARKANSAS CONTRACTORS LICENSING BOARD</b>   |                              |
|---|------------------------------|
| <b>THIS FORM IS ONLY FOR RESIDENTIAL BUILDER, <u>UNLIMITED</u> RESIDENTIAL REMODELER, AND <u>UNLIMITED</u> HOME IMPROVEMENT CONTRACTORS</b>   |                              |
| <b>IMPORTANT READ CAREFULLY:</b> 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. |                              |
| <b>Name of Company or Sole Proprietorship</b>   | <b>Date of Balance Sheet</b> |
| <b>Note: Any willful misrepresentation could result in a violation and loss of license.</b>   |                              |
| <b>Current Assets</b>   |                              |
| <b>Cash</b>   | <b>Amount</b>                |
| a. In Banks   | \$                           |
| b. Elsewhere (explain)  | \$                           |
| Accounts Receivable   | \$                           |
| Work in progress (unbilled)   | \$                           |
| <b>Total Current Assets</b>   | <b>\$</b>                    |
| <b>Fixed Assets</b>   |                              |
| Equipment ( <b>Book value not appraised value No Tools</b> )  | \$                           |
| Furniture & Fixtures  | \$                           |
| Real Estate ( <b>rental houses</b> ) ( <b>not personal residence</b> )  | \$                           |
| Auto's used in business ( <b>Book value not appraised value</b> )   | \$                           |
| <b>Total Fixed Assets</b>   | <b>\$</b>                    |
| <b>(1) TOTAL ALL ASSETS</b>   | <b>\$</b>                    |
| <b>Current Liabilities</b>  |                              |
|   | <b>Amount</b>                |
| Accounts payable  | \$                           |
| Federal Taxes Due   | \$                           |
| State Taxes Due   | \$                           |
| Liens   | \$                           |
| Judgments   | \$                           |
| Other (explain)   | \$                           |
| <b>(2) Total Current Liabilities</b>  | <b>\$</b>                    |
| <b>(1) Total ALL Assets – (2) Total Current Liabilities = NET WORTH</b>   | <b>\$</b>                    |