Residential Roofing Registration

State of Arkansas
Contractors Licensing Board

$20.00 Filing Fee CHECK or MONEY ORDER ONLY
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
FAX Number (501) 372-2247
Web Site: www.arkansas.gov/clb

Residential Roofing Registration

IMPORTANT INFORMATION ABOUT RESIDENTIAL ROOFING REGISTRATION:

1. A Residential Roofing Registrant is **NOT a licensed contractor**. It is a violation of the law for a Residential Roofing registrant to perform a project for which a license is required or outside the scope of this registration itself.

2. A Residential Roofing Registrant will have to renew their registration yearly.

Residential Roofing Registration Instructions / Checklist

- **A completed application must be received, with the appropriate fee (all fees are non-refundable) before it can be considered.**
- **Once the application is received in our office, it must be completed within 90 days.**
- **After 90 days, another application and filing fee will be required.**

1. $20.00 filing fee **CHECK OR MONEY ORDER ONLY** made payable to the Contractors Licensing Board.
   (**Fees are NON-REFUNDABLE / NON-TRANSFERABLE**)

2. Complete Application-Pages 4, 5, 6, 7 (if applicable)

3. Fully executed $15,000.00 Residential Roofing Registrant Surety Bond that must be in Principal Name & EIN, as registered with the Secretary of States Office. Please refer to pages 8 & 9 for more information about the bond.

5. **If the applicant has one or more employees:** You must have Worker's Compensation insurance coverage.

6. Remit documentation from your entity's Secretary of State's office showing that the Corporation, LLC, Partnership, LP, or LLP is in good standing with said Secretary of State.

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/Registration	(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	(501) 682-4505	

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.

Effective Date 10/2021 (Residential Roofing Registration)

CLB OFFICAL USE ONLY – (Do not write in this space)

Filing Fee: $ _____ ID#: _____

Residential Roofing Registration Application

PRINT NAME OF COMPANY OR NAME (IF APPLYING AS A SOLE PROPERIORSHIP) AS YOU WISH FOR IT TO APPEAR ON THE REGISTRATION. 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 REGISTRATION.

ANSWER ALL OF THE FOLLOWING QUESTIONS:

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

SOLE PROPRIETORSHIP CORPORATION LLC PARTNERSHIP LP LLP

Corporation Name, LLC Name, Partnership Name, LP Name, LLP Name as listed with Secretary of State's office / Sole Proprietorship:

_____

Fictitious Name / D/B/A Name: _____
(If Applicable & as listed with Secretary of State's office)

Federal ID# / EIN _____

Physical Address _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

Company Phone _____ Fax _____

Company E-mail _____

Information on person to contact with any questions regarding this application:

Name: _____

Phone#: _____

Email Address: _____

Effective Date 10/2021 (Residential Roofing Registration)

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

If a Sole Proprietorship:
Please list full name (w/ middle initial) of the following:

Individual _____SSN _____

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

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

ALL….

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

- **If the *anyone* is an individual, please print full name (w/middle initial) and Social Security number.**
- **If the *anyone* is a Corporation or LLC, please list the Federal ID number.**

Name_____ SSN / EIN_____

Name_____ SSN / EIN _____

Name_____ SSN / EIN _____

Name_____ SSN / EIN _____

Name_____ SSN / EIN _____

List *anyone* authorized to Act for the applicant's business

Name_____ SSN _____

Name_____ SSN _____

Name_____ SSN _____

Name_____ SSN _____

If Company is NON-Resident of the State of Arkansas the company MUST provide a Registered Agent for Service of Process:

Registered Agent Name: _____

Registered Agent Address: _____

City:_____ State _____ Zip Code _____

APPLICANT INFORMATION

***Note**: For the purpose of the following questions 1-4, You/Your means, this organization, any officer, anyone authorized to act for applicant's business, you, or anyone who owns 10% or more of the entity.*

Yes___ No___ 1. Does this applicant have one or more employees?

Yes___ No___ 2. Does the applicant have Workers Compensation Insurance?

Yes___ No___ 3. Are you at least 18 years of age or older?

Yes___ No___ 4. Are you Registered, Certified, or Licensed in ANY other State?

Answering yes to any of the following questions will not automatically disqualify you for a subcontractor registration.

Yes___ No___ 5. Has the applicant been subject to discipline in Arkansas or any other state? **If yes, please attach separately a written explanation as to what occurred and when this occurred.**

Yes___ No___ 6. 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 9) for each offense.**

Yes___ No___ 7. 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___ 8. Have you ever had a license, registration, or certification revoked, suspended, been penalized or disciplined by Arkansas Contractors Licensing Board or Committee or ANY other State? (See definition of "you" above**) If yes, attach separately details and an explanation.**

AFFIDAVIT

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

I, _____, being duly sworn/affirmed,
(Name of Owner/Officer/Member/Partner/Sole Proprietor)
That I am _____of _____;
(Position held) (Company Name, if Applicable)
And state **under oath** that:

- All statements contained within this registration application, including attachments are true and correct.
- Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, 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., or A.C.A. § 17-25-601 et seq. including the obtaining and reviewing of a criminal background check.
- Understand that a Registered Contractor is NOT a LICENSED CONTRACTOR.
- Will comply with all federal, state, and local laws and rules

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

Complete this form ONLY if yes was answered to question #6 on page 6

Criminal Background Information

State of Arkansas Contractors Licensing Board

IN CASES 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 yes, which one? _____

_____

10. Written explanation as to what occurred: _____

_____

_____

_____

_____

_____

_____

Instructions for Arkansas' $15,000 Residential Roofing Registrant SURETY Bond

All **Residential Roofing Registrants** are required to have this bond filed with the Board to have a valid Registration.

AGENTS: (Bond must be identical to the name which will appear on the Registration Certificate. - Company Name and EIN)

Only this prescribed form will be accepted. (Any alterations must have prior approval from the Contractors Licensing Board)

Only an Arkansas Resident or an Arkansas Non-Resident agency, agent, broker or producer that is currently licensed by the Arkansas Insurance Department can execute this surety bond.

Continuation Certificates are not required, as our bonds are continuous until cancelled.

Registrants:

For questions regarding this bond, contact our office at 501-372-4661 or via email at contractors.licensing.board@arkansas.gov

Arkansas Contractors Licensing Board
4100 Richards Road
North Little Rock, AR 72117
Phone: 501-372-4661 Fax: 501-372-2247

Asa Hutchinson
Governor

Daryl Bassett
Secretary

$15,000 Residential Roofing Registrant Surety Bond

(Required by A.C.A. 17-25-604(d)(1))

Effective Date _____ (Continuous Until Cancelled)

Bond Number _____

NOW, therefore, we the undersigned, _____, as **Principal** and _____, as **Surety**, a Surety Company authorized to do business in Arkansas, its successors, assigns, and legal representatives are held firmly bound to the State of Arkansas, the Arkansas Contractors Licensing Board and any person or business sustaining damage within the terms of this bond for payment, in the **Sum of Fifteen Thousand Dollars** ($15,000). We bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presence;

WHEREAS, the above bonded Principal has applied to the Arkansas Contractors Licensing Board pursuant to A.C.A. 17-25-604 et. seq., as amended;

WHEREAS, every such contractor is required to comply with all the terms of said Code, and all rules and regulations promulgated by the Contractors Licensing Board pursuant to the authority of said Code, in the performance of contracts in the State of Arkansas;

NOW, THEREFORE, if the Principal, in compliance with Ark. Code Ann. 17-25-604 et. seq., does not engage in an act or omission constituting a breach of construction contract or a contract for the furnishing of labor, materials, or professional services for construction undertaken by the Principal, or does not commit any unlawful act or omission in performing construction, then this obligation shall be void; otherwise it is to remain in full force and effect.

This bond is in full force and effect as to the above statutory, regulatory and procedural obligations of the Principal form this effective date until canceled as set out herein; the Surety shall have the right to cancel this bond at any time by filing written notice with the Arkansas Contractors Licensing Board and the Principal of its intention to so cancel, giving at least sixty (60) days written notice prior to the effective date of the cancellation. This provision, however, shall not operate to relieve, release or discharge the Surety from any liability already accrued or which shall accrue before the expiration of the sixty (60) day period. Regardless of the number of years this bond may remain in force or the number of claims against this bond, the aggregate liability of the Surety for any and all claims, suits or actions under this bond shall not exceed the **sum of Fifteen Thousand dollars** ($15,000).

The Surety shall provide the Board with written notice of any payment made in good faith under the Bond within thirty (30) days of such payment. No right of action shall accrue upon or by reason of this bond to or for the use or benefit of anyone whatsoever other than the Board or any person sustaining loss or damage within the terms of this bond for payment.

Witness our hand and seal this _____ day of _____, 20 ____.

Name and Address of Surety Company (Print)

_____

_____

_____
Phone Number of Surety

_____
Insurance Company Name or Agent

_____
Mailing Address

_____
Phone Number

Name and Address of Principal (Print)

_____

_____

_____
Phone Number of Principal

_____
Principal's Federal ID#

By: _____
Signature of Principal

_____
Signature of Agent/Broker/Producer (Printed Name)

_____
Power of Attorney Signature (if different than above) **or IF Direct Underwriter – Surety Employee Signature**