REQUEST TO DOWNGRADE LICENSE
Arkansas Contractors Licensing Board
4100 Richards Rd
North Little Rock, AR 72117
Ph: 501-372-4661

I, ________________________________________, of ___________________________________________________
(Name of owner, officer, member, or partner) (Company Name as it appears on the license)

hereby formally request to downgrade my license from a ______________________________________________
(Commercial, Residential or UNLIMITED Home Improvement)

license to:

Only check one:  See requirements below, needed with this form.

_____ Commercial – (Restricted) – (jobs less than $750,000 including labor and material)

_____ Residential Builder (ONLY) if you had Building, Light Building or Residential Builder)

_____ Unlimited - Home Improvement (w/current specialties)

_____ Limited - Home Improvement (w/current specialties)

____________________________________________________________________________________

Requirements:

Limited - (Home Improvement projects less than ($50,000.00) - A renewal application and filing fee are
also needed if at the time of renewal, fee is on the back of the renewal, as requested under filing fee. A
balance sheet and proof of workers compensation insurance are NOT required, for licensing purposes only.

Unlimited or Residential Builder - A renewal application and filing fee are also needed if at the time of
renewal, fee is on the back of the renewal, as requested under filing fee. A balance sheet and proof of
workers compensation insurance (if 1 or more employees) are required.

Commercial – (Restricted) - A renewal application and filing fee are also needed if at the time of renewal,
fee is on the back of the renewal, as requested under filing fee. A compiled financial statement prepared
by CPA, and workers compensation insurance (if 1 or more employees) are required.

*By signing this, I understand that I can only do work within the scope and limits noted on the license.

By: _________________________________________       Date: __________________________
(Signature of Owner, Officer, Member, Partner)

Phone: _________________________
Fax: __________________________
Email: __________________________

Please contact our office @ 501-372-4661 with any questions regarding this form.

Revised 10/2021