

# **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](http://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	<a href="http://www.arkansas.gov/clb">www.arkansas.gov/clb</a>
ONLINE DIRECTORY	(501) 682-3000	<a href="http://www.arkansas.gov/directory">www.arkansas.gov/directory</a>
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 1/2022 (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 \_\_\_\_\_

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

Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

## **Sole Proprietorship Data:**

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

Individual \_\_\_\_\_ SSN \_\_\_\_\_

\*\*\*If you are applying as an individual/sole proprietor, you may qualify for an initial fee waiver under the "Workforce Expansion Act of 2021". To see if you qualify visit our website at [www.arkansas.gov/clb](http://www.arkansas.gov/clb). Click on the Workforce Expansion Act of 2021 link to see the list of waiver requirements and waiver form. If you do qualify please complete the form and return it with your completed application packet.

## **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 residential roofing 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.**

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## 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 as registered with the IRS**)

**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.**

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## **Registrants:**

MAKE sure to complete the principal signature section at the bottom right corner of the form.  
**Including Federal ID# as filed with the IRS, address, phone number, and signature.**

For questions regarding this bond, contact our office at 501-372-4661 or via email at [contractors.licensing.board@arkansas.gov](mailto: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 from 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)

Name and Address of Principal (Print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number of Surety

Phone Number of Principal

Principal's Federal ID#

Insurance Company Name or Agent

By: \_\_\_\_\_  
**Signature of Principal**

Mailing Address

Phone Number

Signature of Agent/Broker/Producer

(Printed Name)

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

**Effective Date 1/2022 (Residential Roofing Registration) 9.**