Temporary Commercial Licensing Application

State of Arkansas Contractors Licensing Board

Application Fees are Non-Refundable/Non-Transferable

CONTRACTORS LICENSING BOARD
4100 RICHARDS ROAD
NORTH LITTLE ROCK, ARKANSAS 72117
Main Phone# (501) 372-4661 / Fax# (501) 372-2247 / Email: contractors.licensing.board@arkansas.gov
Web Site: 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 attached reference forms) showing experience for the classification(s) requested.

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 issuance to complete all licensing requirements for a contractor license that will be renewable. (See the Commercial New Application)

4. Under the temporary license the job must be completed within the 90 days from the date of issuance or a contractor license that will be renewable must be valid. (See the Commercial New Application)

The following must be submitted together in order to apply for this temporary license:

1. Copy of current STATE contractor license(s) from another state or 3 completed reference forms (see attached reference forms on pages 4, 5, and 6) showing experience in the classification(s) requested. Reference forms must be signed within 90 days of date new application received in our office.

2. $100 Filing Fee (check or money order only – payable to Contractors Licensing Board)

3. Complete Questions 1-7 on page 2.

4. Complete page 3. (See boxed section regarding Arkansas Trade License/Certificate that must be obtained before applying for the Arkansas temporary contractor license.)

5. Complete and sign the Affidavit on page 7.

6. Required financial statement. (See Financial Requirements below)

7. Fully executed $10,000.00 Contractor’s Bond, that must be in Principal Name & EIN, as registered with the IRS.

8. If applying other than an individual, remit a copy of your entity’s Secretary of State information showing that the company is currently registered. If applying with a d/b/a, also remit a copy of that registration.

Financial Requirements –

- To apply for a RESTRICTED Commercial License, (projects that are less than $750,000 including, but not limited to, labor and materials), remit a Compiled financial statement from a CPA (CPA cannot be an in-house CPA) that is less than a year old. The financial statement must include the CPA’s report letter and the balance sheet prepared in accordance with GAAP or Income Tax Basis (Accrual Method). Refer to Rules Act 150 (224-25-6). One half (1/2) of the net worth requirement for the classification(s) requested must be CASH in the bank and cannot be a stockholder note to the company or receivables.

- To apply for a Unrestricted Commercial License, (projects of any size), remit a Reviewed or Audited financial statement from a CPA (CPA cannot be an in-house CPA) that is less than a year old. The financial statement must include the CPA’s audited opinion letter or review report page, balance sheet prepared in accordance with GAAP or Income Tax Basis (Accrual Method), and the notes to the balance sheet. Refer to Rules Act 150 (224-25-6). One half (1/2) of the net worth requirement for the classification(s) requested must be CASH in the bank and cannot be a stockholder note to the company or receivables.

- To submit a Bond in Lieu of a financial statement, use the Surety Bond in Lieu of Financial Statement at www.arkansas.gov/clb under FORMS. (ORIGINAL completed bond must be filed with the Board for processing) Understand that this bond does not replace the $10,000 Contractors Surety Bond that is required.

Effective Date 1/2022 (Temp Comm App)
For office use only:
Arkansas Contractors Licensing Board

Temporary Commercial License

ID# __________

$100 – Ck/MO# ___________________

☐ Restricted ☐ Unrestricted

1. Does the business hold a current STATE contractor license outside of Arkansas?
   ___ NO If no, you must submit references forms (see pages 4, 5, and 6).
   ___ YES If yes, attach a copy of license(s) from another state.

2. Legal Company/Individual Name Exactly as requesting to be licensed:
   ______________________________________________________________________
   (Name must be exactly as it reads on the out of state contractor license).

3. 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).

4. EIN/Federal ID#: __________________________

5. Mailing Address: ________________________________________________________
   City:  __________________________  State:  _____   Zip Code:  ______________

6. Contact Information:
   Company Phone# ___________________________
   Fax# ______________________________________
   Company Email Address ___________________________________________
   Contact Person ________________________________________________

7. Below complete Information: (Please be sure to put middle initial in names)

   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 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 applying as a Corporation, etc. (please put middle initial in names):
   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:_______________________

Effective Date 1/2022 (Temp Comm App)  2.
List the type of work you propose to perform as a License Contractor in the State of Arkansas (BE SPECIFIC). Understand that if applying for any classification that requires an Arkansas Trade License/Certificate then that trade license must be obtained first before a Temporary Contractor License can be issued (see box below for phone numbers to the Arkansas Trade/Certificate Boards).

If any of the following specialty classifications are being requested, then attach a copy of the Arkansas trade license/certificate.

1. Asbestos (call 501-682-0744)
2. Boiler Construction & Repair (call 501-682-4553)
3. Electrical (501-682-4548)
4. Elevator, Escalators, Dumbwaiters, Chairlifts (501-682-4538)
5. Gas Fitter (501-661-2642)
6. HVACR (501-683-5475)
7. Landscaping with planting (501-225-1598)
8. Lead Abatement (501-671-1472)
9. Plumbing (501-661-2642)
10. Refrigeration, Cold Storage (501-682-9201)
11. Septic Tank Installation & Repair (501-648-5446)
12. Sheet Metal, Ducts, Ventilation (501-682-9201)
15. Underground Storage Tanks (501-682-0993)
16. Water Wells (501-682-3900)

Complete the following section for each person that holds an Arkansas trade license/certificate (if more than one then make a copy of this form for each person).

Name: ___________________________________ Social Security #: _________________________

How long has this individual been with this company? ____________

Position they hold with is company, check one: _____ Sole Owner
                                                _____ Full Time Paid Employee
                                                _____ Officer, member, or partner of this company
                                                      and is actively involved in the day to day
                                                      operations of this company
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._____________________________

Effective Date 1/2022 (Temp Comm App)
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 project(s) is/are 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. ____________________________

Effective Date 1/2022 (Temp Comm App)
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).

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

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_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

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.____________________________

Effective Date 1/2022 (Temp Comm App)

6.
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)

Effective Date 1/2022 (Temp Comm App)
Instructions for Arkansas’ $10,000 SURETY Bond

** All **Unrestricted or Restricted Commercial** Contractors are required to have this bond filed with the Board to have a valid license. **

**AGENTs:** (Bond must have Contractors - Company Name and its 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.

**IF issued by Direct Underwriter:**

The bond may be executed solely by the Surety company. *An underwriter (employee) that works directly for the Surety need only sign the bottom left line and indicate that you’re a direct underwriter.*

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

**CONTRACTORS:**

Principal Company Name and EIN must appear on the bond, exactly as registered with the IRS. This name is how all work and bids are to be performed in Arkansas. (Any other name could constitute a possible violation)

See that the bond is filed with the Board as directed at the bottom of the bond form, for processing. A license is not valid without this bond in place with the Board.

Any change in the Federal ID# requires a new bond be executed. Any change in company name will require other documentation, **please call for instructions first.**

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

Effective Date 1/2022 (Temp Comm App)
$10,000 Surety Bond (Required by A.C.A. § 17-25-401)

Only an Arkansas Resident or an Arkansas Non-Resident insurance agency, agent, broker, producer, or surety (as a direct underwriter) that is currently licensed by the Arkansas Insurance Department can execute this surety bond.

Effective Date__________________

Bond Number__________________

STATE OF ARKANSAS

WHEREAS, under the terms of A.C.A. § 17-25-401, et. seq., every contractor described therein must file with the Contractors Licensing Board a corporate surety bond or cash bond to secure compliance with A.C.A § 17-25-401, et. seq.

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, we, the undersigned, as Principal and Surety (below), are held firmly bound to the State of Arkansas in the Sum of Ten Thousand Dollars ($10,000) for payment of which we bind ourselves, our heirs, assigns, executors and administrators, jointly and severally, conditioned that if the undersigned principal shall promptly pay any amount of money due as provided in A.C.A. § 17-25-401, et. seq., then this obligation shall be null and void; otherwise, it shall be in full force and effect.

The Surety reserves, however, the right to cancel the above bond on the giving of sixty (60) days written notice to the Principal and to the State of Arkansas (Contractors Licensing Board).

Principal’s Company Name and EIN (as filed with the IRS)        Business Address & Phone#

Surety’s Name,                                                        Address, and Phone#

Agents: **Arkansas Insurance License must be attached**

Insurance Company Name or Agent (Exactly as it appears on the AR Insurance License)

Mailing Address & Phone#

**Signature of Agent/Broker/Producer** Printed Name

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

REVISED 11/2021

Contractor:  Mail, email contractors.licensing.board@arkansas.gov or fax (501-372-2247) bond to the Board for processing: Contractors Licensing Board or ACLB, 4100 Richards Road, North Little Rock, AR, 72117

Effective Date 1/2022 (Temp Comm App)