Temporary
Home Improvement Specialty 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

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 experience for the
specialty 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 issued to complete all licensing
requirements for a contractor license that will be renewable. (See the Home Improvement New Application)

The following must be “mailed” in together to apply for this temporary license.
1. Copy of current STATE contractor license(s) from another state OR completed classification page & experience
page (pages 3 & 4).
2. $50 Filing Fee (check or money order only – payable to Contractors Licensing Board)
4. Completed and signed Affidavit (page 5).
5. If requesting “UNLIMITED” Home Improvement Specialty 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 6. 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 Home Improvement Specialty**
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 6.

Effective Date 1/2022 (Temp HI Specialty App)
1. Does the business hold a current STATE contractor license outside of Arkansas?  
   ___NO   If no, supply the Classification and Experience pages (pages 3 & 4)  
   ___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 Home Improvement Specialty".  
   ☐ 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:
   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.

   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:_________________________

   Effective Date 1/2022 (Temp HI Specialty App) 2.
“Home Improvement Specialties”

Proof of experience performing the type of work requested is required on page 4 in order to receive any specialty(s). We must have experience for each specialty. Example: If asking for the painting specialty you must have painting experience and so on. A contractor may obtain one or more of the Specialties by showing references for each specialty requested.

Specialties: (Circle below the (#) number for the specialty(s) being requested.)

1. Awnings, Canopies
2. Base & Paving, Excavating (Includes):
   Base Construction
   Hot & Cold Mixes
   Surface Treatment
   Asphalt
   Concrete Paving
3. Boat Docks
4. Carpentry, Framing, Millwork, Cabinets
5. Ceilings, Wall Systems, Acoustical Treatments
6. Central Vacuum Systems
7. Chimneys, Fireplaces
8. Communication, Computer or Sound Systems, Cabling
9. Concrete
10. Countertops
11. Demolition
12. Detached Garage, Storage Building, Detached Structures, Metal Building Erection
13. Drywall
14. Fencing, Gates
15. Floors, Floor Covering
16. Foundation Construction or Drilling, Pile Driving, Stabilization
17. Glass, Glazing, Doors, Windows, Hardware
18. Grading & Drainage, Excavating (Includes):
   Pipe & Structures
   Culverts, Clearing
   Grubbing & Rip Rap
19. Greenhouses, Sunrooms
20. Insulation
21. Kitchen, Bathroom Renovations
22. Landscaping, Irrigation, Lawn Sprinkler Systems, Streams
23. Lathe, Plaster, Stucco, Dryvit, EIFS
24. Masonry
25. Metal Studs, Walls
26. Overhead Doors
27. Painting, Wallcovering
28. Rebar
29. Retaining Walls
30. Siding, Soffit, Facia, Gutters
31. Skylights
32. Solar Systems
33. Special Coatings or Applications, Caulking, Waterproofing
34. Steel, Alloy, Ornamental, Metal Fabrication, Welding
35. Storm Shelters
36. Swimming Pools, Spas
37. Tile, Terrazzo, Marble

*****NOTE: As of January 1, 2022: If you wish to have Residential Roofing, Roof Decks, Roofing Sheet Metal classification you will need to complete the Residential Roofing Registration application.

Effective Date 1/2022 (Temp HI Specialty App)
Experience Information – For Home Improvement Only

Complete the following with projects previously completed, that are being requested on page 6. Example: If requesting Painting; Floors; and Roofing – show projects where those types of work have been completed. (If additional space is needed, please attach another one of these forms.)

Project #1
(Approximate Month & Year) Date Project Started: ____________ Date Project Completed:____________
Dollar amount of Project: $_____________________ Square Footage (If applicable)____________________
Project Owner’s Name: __________________________________ Contact Phone #: ____________________
Project Address, City, State:_________________________________________________________________
List Specific Type(s) of Work Complete: (Please use words requested on page 6.)
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________

Project #2
(Approximate Month & Year) Date Project Started: ____________ Date Project Completed:____________
Dollar amount of Project: $_____________________ Square Footage (If applicable)____________________
Project Owner’s Name: __________________________________ Contact Phone #: ____________________
Project Address, City, State:_________________________________________________________________
List Specific Type(s) of Work Complete: (Please use words requested on page 6.)
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________

Project #3
(Approximate Month & Year) Date Project Started: ____________ Date Project Completed:____________
Dollar amount of Project: $_____________________ Square Footage (If applicable)____________________
Project Owner’s Name: __________________________________ Contact Phone #: ____________________
Project Address, City, State:_________________________________________________________________
List Specific Type(s) of Work Complete: (Please use words requested on page 6.)
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________

Project #4
(Approximate Month & Year) Date Project Started: ____________ Date Project Completed:____________
Dollar amount of Project: $_____________________ Square Footage (If applicable)____________________
Project Owner’s Name: __________________________________ Contact Phone #: ____________________
Project Address, City, State:_________________________________________________________________
List Specific Type(s) of Work Complete: (Please use words requested on page 6.)
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________

(If additional space is needed please attach separately.)

**By signing this form, I agree that all statements herein contained are true and correct and shall become a part of the new application**.

_________________________________________________ _____________
(Signature of Individual completing request)  Date

Effective Date 1/2022 (Temp HI Specialty App)  4.
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 HI Specialty App)  5.
**ARKANSAS CONTRACTORS LICENSING BOARD**

**THIS FORM IS ONLY FOR RESIDENTIAL BUILDER, UNLIMITED RESIDENTIAL REMODELER, AND UNLIMITED HOME IMPROVEMENT CONTRACTORS**

*IMPORTANT READ CAREFULLY:* 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.

<table>
<thead>
<tr>
<th>Name of Company or Sole Proprietorship</th>
<th>Date of Balance Sheet</th>
</tr>
</thead>
</table>

**Note:** Any willful misrepresentation could result in a violation and loss of license.

<table>
<thead>
<tr>
<th>Current Assets</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td></td>
</tr>
<tr>
<td>a. In Banks</td>
<td>$</td>
</tr>
<tr>
<td>b. Elsewhere (explain)</td>
<td>$</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>$</td>
</tr>
<tr>
<td>Work in progress (unbilled)</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fixed Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment <em>(Book value not appraised value No Tools)</em></td>
<td>$</td>
</tr>
<tr>
<td>Furniture &amp; Fixtures</td>
<td>$</td>
</tr>
<tr>
<td>Real Estate *(rental houses) <em>(not personal residence)</em></td>
<td>$</td>
</tr>
<tr>
<td>Auto's used in business <em>(Book value not appraised value)</em></td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Fixed Assets</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

| (1) **TOTAL ALL ASSETS**            | $      |
| Current Liabilities                 | Amount |
| Accounts payable                    | $      |
| Federal Taxes Due                   | $      |
| State Taxes Due                     | $      |
| Liens                               | $      |
| Judgments                           | $      |
| Other (explain)                     | $      |
| **(2) Total Current Liabilities**   | $      |

(1) Total ALL Assets – (2) Total Current Liabilities = **NET WORTH** $