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 references on our enclosed reference forms (pages 3, 4, and 5) showing experience in building houses from the ground up.
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 Residential Builders License)

The following must be “mailed” together in order to apply for this temporary license.

1. Copy of current STATE contractor license(s) from another state OR completed references (pages 3, 4, and 5) showing experience building houses from the ground up. Reference forms must be signed within 90 days of receipt of new application.
2. $100 Filing Fee (check or money order only – payable to Contractors Licensing Board)
3. Complete Questions 1-7 on page 2.
4. Complete and sign the Affidavit (page 6).
5. 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 include 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 7. 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.

Effective Date 1/2022 (Temp Res Bldr App)
For office use only:
Arkansas Contractors Licensing Board
Temporary RESIDENTIAL BUILDER License
ID# _________
$100 – Ck/MO# ________________
(for office use only)

1. Does the business hold a current STATE contractor license outside of Arkansas?
   ___ NO    If no, you must submit references on the enclosed reference forms (pages 3, 4, and 5).
   ___ YES   If yes, attach a copy of contractor license(s) from another state.

2. Company/Individual Name “Exactly” as Licensed on Out of State contractor license:

3. IF applicable - “Doing Business As” (D/B/A) or Fictitious Name:

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.

   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 Res Bldr App) 2.
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. __________________________

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______________________________
Signature

______________________________
Date

______________________________
Phone No.

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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 Res Bldr App) 5.
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 Res Bldr App)                      6.
**ARKANSAS CONTRACTORS LICENSING BOARD**

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

<table>
<thead>
<tr>
<th>Current Liabilities</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>$</td>
</tr>
<tr>
<td>Federal Taxes Due</td>
<td>$</td>
</tr>
<tr>
<td>State Taxes Due</td>
<td>$</td>
</tr>
<tr>
<td>Liens</td>
<td>$</td>
</tr>
<tr>
<td>Judgments</td>
<td>$</td>
</tr>
<tr>
<td>Other (explain)</td>
<td>$</td>
</tr>
<tr>
<td><strong>(2) Total Current Liabilities</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

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