

Amended Class for Home Improvement
New Application
Arkansas Contractors Licensing Board
4100 Richards Road
North Little Rock, AR 72117
Phone 501-372-4661

ID# _____
(Top "right" hand corner
of your license).

FILING FEE \$ _____

Use the Name Issued on the Contractors License:

Licensed Entity Name: _____

License #: _____

Person completing this form: Print Name: _____

Phone Number: _____

1. **FILING FEE** - A \$50.00 filing fee is required to process this request. Fees are non-refundable. ***This application will not be considered, unless the \$50.00 filing fee (NON-refundable), this form (page 1), and experience information (page 2) are completed and returned. *** This application will only be valid for 90 days once received in our office. ***

2. When completing this form, "Residential Remodeler" may only be requested, if you grandfathered in before 12/31/2011 and still hold a valid license, otherwise a "New Residential Remodeler" application must be completed, as well as the Arkansas Business & Law Test taken.

3. **CIRCLE** the "number" for the Specialty(s) being requested below:

1. Residential Remodeler - Read #2 above. (Remodeler includes all specialties listed below, to include additions to existing homes.)

- | | |
|--|--|
| 2. Awnings, Canopies | 20. Greenhouses, Sunrooms |
| 3. Base & Paving (Includes):
Base Construction; Hot & Cold Mixes
Surface Treatment; Asphalt; Concrete Paving | 21. Insulation |
| 4. Boat Docks | 22. Kitchen, Bathroom Renovations |
| 5. Carpentry, Framing, Millwork, Cabinets | 23. Landscaping, Irrigation, Lawn Sprinkler
Systems, Streams |
| 6. Ceilings, Wall Systems, Acoustical Treatments | 24. Lathe, Plaster, Stucco, Dryvit, EIFS |
| 7. Central Vacuum Systems | 25. Masonry |
| 8. Chimneys, Fireplaces | 26. Metal Studs, Walls |
| 9. Communication, Computer or Sound Systems, Cabling | 27. Overhead Doors |
| 10. Concrete | 28. Painting, Wallcovering |
| 11. Countertops | 29. Rebar |
| 12. Demolition | 30. Retaining Walls |
| 13. Detached Garage, Storage Building,
Detached Structures, Metal Building Erection | 31. Siding, Soffit, Facia, Gutters |
| 14. Drywall | 32. Skylights |
| 15. Fencing, Gates | 33. Solar Systems |
| 16. Floors, Floor Covering | 34. Special Coatings or Applications, Caulking,
Waterproofing |
| 17. Foundation Construction or Drilling,
Pile Driving, Stabilization | 35. Steel, Alloy, Ornamental, Metal
Fabrication, Welding |
| 18. Glass, Glazing, Doors, Windows, Hardware | 36. Storm Shelters |
| 19. Grading & Drainage, Excavating (Includes):
Pipe & Structures; Culverts, Clearing; Grubbing & Rip Rap | 37. Swimming Pools, Spas |
| | 38. Tile, Terrazzo, Marble |

Experience Information - For Home Improvement Only

4. Complete the following with projects previously completed, that are being requested on page 1.

Example: Residential Remodeler - Houses built, room additions, or large remodel jobs. If requesting Painting; Floors; and Roofing, etc. - show projects where those types of work have been completed.

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:

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:

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:

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:

(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 present valid application on file**.**

(Signature of Individual completing application)