State of Arkansas
Contractors Licensing Board

Commercial
New Application

$100.00 Filing Fee – Check or money order only
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

Effective Date 3/2022 (Commercial New App) 1.
Commercial
New Application
Types of License

You can apply for an **Unrestricted Commercial license** or a **Restricted Commercial license**.

With a **Restricted Commercial license** you can ONLY do Commercial projects that are less than $750,000, including, but not limited to, labor and material.

Please ✓ the box for the license being applied for...

☐ **Restricted Commercial license**

*Restricted Commercial license* can ONLY do Commercial projects that are less than $750,000 including, but not limited to, labor and material.

*See page 3 for instructions*

☐ **Unrestricted Commercial license**

*Unrestricted Commercial license* can do a/an Commercial projects of any size.

*See page 4 for instructions*

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The completed application must be in this office three (3) weeks prior to a board meeting to be reviewed. For a list of meeting dates, check our website at www.arkansas.gov/clb. Once the application is received in our office, it must be complete by 90 days. After 90 days, another application and filing fee, etc. will be required.

By obtaining a commercial license you automatically qualify to do residential work in the same classification / specialty(s) as those listed on the commercial license.

1. Complete the Application- Pages 2, 5, 6, 7, 11, 12 (if applicable), 13, and 14 (both the Affidavit & the Affidavit Regarding Bidding or performance of Work).

2. $100.00 filing fee made payable to the Contractors Licensing Board. (Fees are NON-REFUNDABLE / NON-TRANSFERABLE)

3. Three (3) references on forms provided (pages 8, 9, and 10). The references should not be from a supplier or banker, unless they have observed your work and can describe it. The purpose of these references is to verify you have the appropriate required experience to receive the classification(s) / specialty(s) requested. Please refer to page 6 and 7 of this application or the blue booklet (Act 150) for any questions about the classification(s) / specialty(s). THE INDIVIDUALS GIVING THE REFERENCES, NOT THE PERSON APPLYING FOR THE LICENSE, MUST COMPLETE THE REFERENCE FORMS. We cannot accept references that are more than 90 days old.

4. Fully executed $10,000.00 Contractor's Bond, that must be in Principal Name & EIN, as registered with the IRS. The license can be approved but not released until the Bond and Power of Attorney is filed with the Board, unless the same entity currently has a lower class license. Please refer to pages 15 & 16 for more information about the bond.

5. Copy of the Arkansas Business and Law passing test score. The license can be approved but not released without this passing test score unless the same entity currently has a lower class license. Please refer to page 17 & 18 for more information about the test.

6a). A Compiled report from a CPA (CPA cannot be an in-house CPA) must be submitted. The date the financial statement was prepared for, not the date the financial was signed must be less than one year old. (The expiration date of the license will be determined by the date of the financial statement submitted.) The financial statement must include:
   (1) Report letter from an Independent CPA
   (2) Balance sheet prepared in accordance with GAAP or on an Income Tax Basis (Accrual Method)
   (3) Footnotes not required
Refer to Rules Act 150 (224-25-6). One half (1/2) of the net worth requirement for the classification(s) / specialty(s) requested must be CASH in the bank and cannot be a stockholder note to the company or receivables. Example: If asking for the Building classification, the net worth requirement is $50,000 half of that $25,000 will need to be cash in the bank. If asking for a specialty(s), the net worth requirement is $5,000 half of that $2,500 will need to be cash in the bank.

6b). 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. (ORIGITAL 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.

7. If applying as a Corporation, LLC, LP, or LLP, attach a copy of the Articles/Filings from your entity's Secretary of State's Office. If a fictitious name has been registered for this company, attach a copy of the fictitious name registration.

8. If the applicant has one or more employees: You must have Worker's Compensation insurance coverage. Provide us with a current certificate of insurance verifying Worker's Compensation insurance coverage. The license can be approved but not released without this Worker's Compensation insurance certificate unless the same entity currently has a lower class license.

9. If the applicant is also applying for a Residential License with a classification or / specialty(s) different from that of the commercial license: The applicant will need to complete the New Application for a Residential License. No additional fee or test is required, but the application must be completed, and references given for the appropriate classification / specialty(s) requested to work in the Residential industry.

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The completed application must be in this office three (3) weeks prior to a board meeting to be reviewed. For a list of meeting dates, check our website at www.arkansas.gov/clb. Once the application is received in our office, it must be complete by 90 days. After 90 days, another application and filing fee, etc. will be required.

By obtaining a commercial license you automatically qualify to do residential work in the same classification / specialty(s) as those listed on the commercial license.

1. Complete the Application- Pages 2, 5, 6, 7, 11, 12 (if applicable), 13, and 14 (both the Affidavit & the Affidavit Regarding Bidding or performance of Work).

2. $100.00 filing fee made payable to the Contractors Licensing Board. (Fees are NON-REFUNDABLE / NON-TRANSFERABLE)

3. Three (3) references on forms provided (pages 8, 9, and 10). The references should not be from a supplier or banker, unless they have observed your work and can describe it. The purpose of these references is to verify you have the appropriate required experience to receive the classification(s) / specialty(s) requested. Please refer to page 6 and 7 of this application or the blue booklet (Act 150) for any questions about the classification(s) / specialty(s). THE INDIVIDUALS GIVING THE REFERENCES, NOT THE PERSON APPLYING FOR THE LICENSE, MUST COMPLETE THE REFERENCE FORMS. We cannot accept references that are more than 90 days old.

4. Fully executed $10,000.00 Contractor’s Bond, that must be in Principal Name & EIN, as registered with the IRS. The license can be approved but not released until the Bond and Power of Attorney is filed with the Board, unless the same entity currently has a lower class license. Please refer to pages 15 & 16 for more information about the bond.

5. Copy of the Arkansas Business and Law passing test score. The license can be approved but not released without this passing test score unless the same entity currently has a lower class license. Please refer to page 17 & 18 for more information about the test.

6a). A Reviewed or Audited financial statement from a CPA (CPA cannot be an in-house CPA) must be submitted. The date financial statement was prepared for, not the date the financial was signed must be less than one year old. (The expiration date of the license will be determined by the date of the financial statement submitted.) The financial statement must include:

   (1) Reviewed report or Audited opinion letter from an Independent CPA
   (2) Balance sheet prepared in accordance with GAAP or on an Income Tax Basis (Accrual Method)
   (3) All footnotes to the balance sheet (See Ark. Code Ann. 17-25-304)

   REFER TO Rules Act 150 (224-25-6). One half (1/2) of the net worth requirement for the classification(s) / specialty(s) requested must be CASH in the bank and cannot be a stockholder note to the company or receivables. Example: If asking for the Building classification, the net worth requirement is $50,000 half of that $25,000 will need to be cash in the bank. If asking for a specialty (s), the net worth requirement is $5,000 half of that $2,500 will need to be cash in the bank.

6b). 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.**

7. If applying as a Corporation, LLC, LP, or LLP, attach a copy of the Articles/Filings from your entity’s Secretary of State’s Office. If a fictitious name has been registered for this company, attach a copy of the fictitious name registration.

8. **If the applicant has one or more employees:** You must have Worker’s Compensation insurance coverage. Provide us with a current certificate of insurance verifying Worker’s Compensation insurance coverage. The license can be approved but not released without this Worker’s Compensation insurance certificate unless the same entity currently has a lower class license.

9. **If the applicant is also applying for a Residential License with a classification or / specialty(s) different from that of the commercial license:** The applicant will need to complete the New Application for a Residential License. No additional fee or test is required, but the application must be completed, and references given for the appropriate classification / specialty(s) requested to work in the Residential industry.

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PRINT NAME OF COMPANY OR NAME (IF APPLYING AS A SOLE PROPRIETORSHIP) AS YOU WISH FOR IT TO APPEAR ON LICENSE. 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 LICENSE.

ANSWER ALL OF THE FOLLOWING QUESTIONS:

Indicate the type of entity seeking a license by circling one of the choices below:

SOLE PROPRIETORSHIP   CORPORATION   LLC   PARTNERSHIP   LP   LLP

List Corporation Name, LLC Name, Partnership Name, LP Name, LLP Name / Sole Proprietorship:
_______________________________________________________________________________________

Fictitious Name / D/B/A Name: ______________________________________________________________
(If Applicable)

Federal ID# / EIN ____________________________    Company Tax Year End ________________

Mailing Address __________________________________________  City __________________________
State ___________  Zip Code __________________________  County/Parish _____________________________

Company Phone ________________________________       Fax _________________________________
Company E-mail _________________________________________________________________________

Name and Phone # for person to Contact with any Questions regarding this application:
_______________________________________________________________________________________

Complete the following with information on the person that will take or has taken the Business & Law Exam

Name _________________________________________   Social Security # ________________________

How long has this individual been with this company? _________
Position held with this company, check one: _____ Sole Owner
                                          _____ Full time paid employee
                                          _____ Officer, member, or partner of the company
                                           and is actively involved in the day to day operations

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CLASSIFICATIONS

Please circle the classification(s) or specialty(s) below being requested. A description of each class can be found in our Arkansas State Licensing Law for Commercial Contractors Rules 224-25-5(i) of Act 150.

Classification(s) / specialty(s) marked with ** require an Arkansas Trade License or Certification.

1. Heavy Construction
2. Municipal & Utility
3. Highway, Railroad & Airport
4. Building (Commercial & Residential)
5. Light Building (Commercial & Residential)
6. Mechanical (Plumbing & HVACR)
7. Electrical

SPECIALTY(S) – (continued on page 7)

Above Ground Tanks
** Asbestos
Awnings, Canopies & Gutters
Base & Paving
  a. Base Construction
  b. Hot & Cold Mixes
  c. Surface Treatment
  d. Asphalt
  e. Concrete Paving
Blinds, Curtains, Draperies, Theatrical
Boat Docks
** Boiler Construction & Repair
Bulk Storage Facilities
Cable Television Lines (Above & Below Ground)
Car Washes
Carpentry, Framing, Millwork, Cabinets
Ceilings, Wall Systems, Acoustical Treatments
Chemical Resistant Tile & Brick
Chimneys, Fireplaces
Cofferdams, Dikes, Levees, Canals
Communication, Computer or Sound Systems, Cabling
Concrete
Control Systems & Instrumentation
Conveyors, Material Handling Systems, Cranes, Hoists
Cooling Towers
Demolition, Blasting
Dredging
Institutional & Kitchen Equipment
Drywall
Electrical Transmission Lines
** Elevators, Escalators, Dumbwaiters, Chairlifts
Energy & Chemical Pipelines
Energy Management, Retrofit Systems
Environmental General
Erosion Control
** Factory Trained Medical Equipment Technician
(“exemption” from Electrical Board required)
Fencing, Gates
Fiberglass
Fireproofing
Floors, Floor Covering
Foundation Construction or Drilling, Pile Driving, Stabilization
Furnaces, Fuel Burning or Heat Transfer Equipment, Stokers, Refractories
Furniture, Recreational and/or Playground Equipment, Bleachers, Seating, Partitions
** Gas Fitter
Generators, Turbines
Glass, Glazing, Doors, Windows, Hardware, Storefront
Golf Cart & Foot Bridges & Paths
Golf Courses
Grading & Drainage (Includes Pipe & Structures, Culverts, Clearing, Grubbing & Rip Rap, Excavation)

Grain Bins
Greenhouses
** Heating, Ventilation, Air Conditioning, Refrigeration
HRA Miscellaneous & Specialty Items
  a. Traffic Safety
    1. Pavement Markers
    2. Signaling
    3. Guardrails & Fencing
    4. Attenuators, Signalization & Roadway Lighting
  b. Landscaping
    1. Seeding
    2. Sodding
    3. Planting
    4. Chemical weed & brush control
  c. Pavement Rehabilitation
    1. Pressure grouting
    2. Concrete joint repair
    3. Curb & gutter
2. Grinding & grooving
  3. Concrete joints
  4. Underdrains
  d. Miscellaneous Concrete
    1. Sidewalks
    2. Driveways
    3. Curb & gutter
    4. Box culverts

Hydraulics
Incinerator & Stack Construction
Institutional & Kitchen Equipment
Insulation
Interior Work
Kilns, Drying Systems
Landfills
Landscaping, Irrigation, Lawn Sprinkler Systems, Streams
** Landscaping with Planting
Lathe, Plaster, Stucco, Dryvit, EIFS
** Lead Abatement
Lift Stations, Pumps
Lightning Protection
Liners
Marine Docks
Masonry
Mausoleums
Medical Shielded Enclosures
Metal Buildings, Detached Structures, Storage Buildings
Metal Studs, Walls
Meter Installation & Service
Microwave Systems, Towers, Satellite Dishes
Millwright
Oil & Gas Field Construction, Rigging
Overhead Doors & Dock Equipment
Paint Booths
Painting, Wallcovering
Passenger Boarding Bridges

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Piping, Process Piping, Valve Repair
Plant Maintenance
Plate & Waste Treatment Systems
**Plumbing**
Pneumatic Tube Systems
Pollution, Air & Dust Control, Blower & Exhaust Systems
Poultry & Swine Electrical
Poultry & Swine Houses
Poultry (HVACR)
Precipitators
Railroad Construction & Related Items
Rebar
** Refrigeration, Cold Storage**
Remediation
Remodeling, Renovations, Restoration, Alterations
Retaining Walls
Right of Way Clearing
Roofs, Roof Decks, Roofing Sheet Metal
Sandblasting, Hydroblasting, Dry Ice Blasting
Scaffolding
Scales
** Septic Tank Installation & Repair**
Security, Banking, Detention Equipment
(Bars & safety no certificate needed)
Service Station Equipment
** Sheet Metal, Ducts, Ventilation**
Siding, Soffit, Facia, Gutters
** Signal or Burglar Alarms, Fire Detection & Monitoring Systems**
Skylights
Solar Systems
Special Coatings or Applications, Caulking, Waterproofing
Sport & Recreational Surfaces
** Sprinklers, Fire Protection**
Steel, Alloy, Ornamental, Metal Fabrication, Welding
Storm Shelters
Substations
Swimming Pools, Spas
Temperature Controls (Electric)
Temperature Controls (Pneumatic)
Testing & Balancing
Tile, Terrazzo, Marble, Countertops
Tuckpointing
Tunnels, Shafts
Underground Piping, Cable, Trenching, Boring
** Underground Storage Tanks**
Water and Sewer Lines
Water Lines Associated with Fire Protection
** Water Wells**
Wind Turbines

What type(s) of work do you propose to perform as a Licensed Contractor: (Be specific)
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
________________________________________________________________________________________________________

If any of the following specialty(s) 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 (call 501-682-4548)
4. Elevators, Escalators, Dumbwaiters, Chairlifts (call 501-682-4530)
5. Gas Fitter (call 501-661-2642)
6. HVACR (call 501-683-5475)
7. Landscaping w/Planting (call 501-225-1598)
8. Lead Abatement (call 501-671-1472)
9. Plumbing (call 501-661-2642)
10. Refrigeration, Cold Storage (call 501-682-9201)
11. Septic Tank Installation & Repair (call 501-648-5446)
12. Sheet Metal, Ducts, Ventilation (call 501-682-9201)
15. Underground Storage Tanks (call 501-661-0993)
16. Water Wells (call 501-682-3900)

Complete the following section for each person that holds an Arkansas trade license/certificate (if more than one attach information separately).

Name ________________________________________   Social Security # _____________________________

How long has this individual been with this company? _________
Position held with this company, check one: _______ Sole Owner
_______ Full time paid employee
_______ Officer, member, or partner of the company and is actively involved in the day to day operations

Verify appropriate required experience on each reference (pages 8, 9, and 10) for each classification(s)/specialty(s) requested.

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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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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.

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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. ______________________________

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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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APPLICANT INFORMATION

Note: For the purpose of the following questions 1-17, You/Your means, this organization, any officer, the qualifier of this company, you, or anyone who owns 10% or more of the entity.

1. Have you ever had a contractor license or been associated with a contractor license in this state or any other state? (See definition of “you” above) If yes, attach separately a list of those that apply.

2. Do you knowingly employ any individual(s), or hire workers as independent contractors, who do not have legal authority to work in the United States of America? (See definition of “you” above)

3. Are you legally authorized to work in the United States of America? (See definition of you above)

4. Do you understand that the failure to comply with the Federal law on the hiring, as employees or as subcontractors of workers without legal authority to work in the United States of America can lead to the revocation of the contractor license in the State of Arkansas? (See definition of you above)

5. Does this applicant have one or more employees?

6. Does the applicant have Workers Compensation Insurance?

7. Are you on Active Duty in the United States Military and stationed in Arkansas?

8. Is your spouse on Active Duty in the United States Military and stationed in Arkansas?

9. Are you a former member of the United States Military who has been discharged from Active Duty under circumstances other than dishonorable?

10. Is your spouse a former member of the United States Military who has been discharged from Active Duty under circumstances other than dishonorable?

11. If you answered yes to questions 7, 8, 9, or 10, do you hold a current contractor license issued by another state? If yes, provide a copy of your current contractor license issued by another State. If yes, you do not have to take the Arkansas Business and Law exam and you do not have to submit reference forms (pages 8, 9 and 10 of this application) to obtain a license with same classification as you have in the other State.

Answering yes to any of the following questions will not automatically disqualify you for a contractor license.

12. Have you, or any construction related entity in which you were an investor, partner, officer, ever failed to complete a project awarded to you? If yes, attach separately a statement of circumstance, the name of the individual, other organization and reason for failure.

13. Have you filed bankruptcy or were you a part of any other organization that has filed bankruptcy within the last ten (10) years? (See definition of you above) If yes, attach a written explanation as to why bankruptcy had to be filed, along with a copy of the document prepared by your attorney listing the creditors that shows the amounts owed to each creditor and a copy of the bankruptcy discharge.

14. 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 12) for each offense.

15. 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.

16. Do you or any construction related entity in which you own 10% or more, have any outstanding liens, judgments, or pending litigation? (See definition of you above) If yes, attach separately details and an explanation.

17. Have you ever had a license revoked or suspended, been penalized or disciplined, by the Arkansas Contractors Licensing Board, the Arkansas Residential Committee, or any other state? (See definition of you above) If yes, attach separately details and an explanation.
Complete this form **ONLY** if yes was answered to question #14 on page 11………

## 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: _______________________________________________

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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. 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.

Date the Company registered with the Arkansas Secretary of State’s office (501-682-3409):_______________

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

President _____________________________________ SSN _____________________________
Vice-President_________________________________   SSN _____________________________
Secretary _____________________________________  SSN _____________________________
Treasurer _____________________________________  SSN _____________________________

FOR ALL: For Corporation, LLC, Partnership, LP, or LLP:

List ANYONE who owns 10% or more interest in the entity requesting a license.

- If the ANYONE is an individual, please print full legal name and their SSN.
- If the ANYONE is a corporation or LLC, please list the legal company/LLC name and the Federal ID#.

Name____________________________________ SSN or EIN___________________________
Name____________________________________ SSN or EIN ___________________________
Name____________________________________ SSN or EIN ___________________________
Name____________________________________ SSN or EIN ___________________________
Name____________________________________ SSN or EIN ___________________________
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Name____________________________________ SSN or EIN __________________________

Effective Date 3/2022 (Commercial New App)
I, _____________________________________________________, being duly sworn/affirmed, state under oath:

(Name of Owner/Officer/Member/Partner/Sole Proprietor)

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 Building 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 Proprietor)

__________________________________________________

AFFIDAVIT REGARDING BIDDING OR PERFORMANCE OF WORK

I, ___________________________________________, being duly sworn/affirmed, states under oath: that, he or she is

(Name of Owner/Partner/Officer/Member/Sole Proprietor)

_____________________________________ of _____________________________________________________;

(Position Held)                                (Company Name, if Applicable)

the applicant named herein; that with respect to any Commercial contract work in the State of Arkansas in the amount of $50,000.00 or more, including but not limited to labor and materials.

The Applicant:

1. Is not now a party on any contract for such work.
2. Does not have any outstanding work or any bid for such work.
3. Will not bid, contract or perform any such work until such time as the applicant is approved and a license has been issued.

________________________________________

(Signature of Owner/Partner/Officer/Member/Sole Proprietor)

IF YOU DO NOT HAVE A LICENSE AND YOU HAVE BID OR CONTRACTED ANY WORK REQUIRING AN ARKANSAS CONTRACTORS LICENSE, YOUR BID MUST BE WITHDRAWN OR YOUR CONTRACT VOIDED (PROOF MUST BE SUBMITTED TO OUR OFFICE) BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

IF YOU HAVE ANY WORK IN PROGRESS THAT REQUIRES AN ARKANSAS CONTRACTORS LICENSE YOU MUST COMPLETE THE FOLLOWING QUESTIONS BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

List Project Name & Address:

__________________________________________

__________________________________________

__________________________________________

Date Project Started: _________________

Date Project Completed: _________________

Total Dollar Amount of Project: $ ____________

***The submission of an incomplete or false affidavit constitutes fraud or deceit in obtaining a license and may result in the revocation of the license.***

This affidavit does not apply to bids offered to the Arkansas State Highway Department for work on Federal aid highway projects.
Instructions for Arkansas’
$10,000 SURETY Bond

** All Commercial Contractors and Registered Subcontractors are required to have this bond filed with the Board to have a valid license. **

AGENTS: (Bond must have **Principal Company Name** and **EIN** on the bond, **exactly** 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.

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

Revised 3/2022
$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 1/2022

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

16.
Arkansas Business & Law Test
(Instructions)

The test is given by an independent testing company (P.S.I). If you have questions about the test or need more information beyond what is furnished here please call them at 1-855-257-1620.

Examination Fee: $84.00
Examination fees are not refundable or transferable

Registration Instructions:
Registering Online: www.psiexams.com Phone: P.S.I. at 1-855-257-1620

Follow these instructions:
1. Go to the above website. CREATE YOUR ACCOUNT FIRST!!
   Put in your email address and the spelling of your name EXACTLY as it is shown on your identification that you will be presenting at the examination site.
2. Once your account is created follow these instructions:
   a. Click on View all my activities
   b. Click on register for a test
   c. Click on Select Organization
   d. Select Government/State Licensing Agencies
   e. Click on Select Jurisdiction
   f. Select Arkansas
   g. Click on Select Account
   h. Click on AR Construction
   i. Under Classification click on AR Business and Law Examination
   j. Click on Register and enter personal contact information; hit submit
   k. Click to check the box that reads AR Business and Law Examination (120 minutes)
   l. Click continue – enter payment information and follow instructions from there.
3. Testing is held Monday - Saturday at most sites. Hours are determined at each site.
4. The test is open book, multiple choice, and 50 questions, with a 2-hour time limit.
5. You can order the book by calling the publisher directly at (623) 587-9519.
   Order the following:
   Arkansas Contractors Guide to Business, Law and Project Management
6. You may highlight, underline, annotate, and or tab with permanent tabs prior to the exam session.
   However, reference material may not be written in during the exam session.
7. Permanent tabs are permitted.
   (Permanent tabs are defined as tabs that would tear the page if removed)
8. Temporary tabs are NOT permitted.
   (Temporary tabs are defined as post-it notes or other tabs that may be removed without tearing the page)
9. Applicants with disabilities or those who would otherwise have difficulty taking the examination should request for alternative arrangements by calling P.S.I at 855-257-1620.
10. On the day of your examination, you must arrive at the P.S.I. Center 30 minutes before your scheduled appointment to complete the admission procedures required before your test begins. You must bring the following with you: One official government issued photo identification such as a driver’s license, passport, etc., and your Contractors Guide to Business, Law and Project Management, Arkansas Edition.

PLEASE BE ADVISED:

a) You will only be tested from the Contractors Guide to Business, Law and Project Management, Arkansas Edition.
b) Verify your exam before you take the test to make sure it is the AR Contractors Exam.
c) P.S.I will give you your results immediately. You can also have P.S.I. send the results directly to you. It is your responsible to get the passing test score to our office by fax 501-372-2247 or regular mail. If you request your results be sent to our offices it could take several weeks to get to us, which could postpone the approval and release of your license.
NASCLA CONTRACTORS GUIDE TO BUSINESS, LAW AND PROJECT MANAGEMENT, ARKANSAS EDITION

ORDER FORM

To order a copy of the NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition, Tabs Bundle Pak, you can visit our website bookstore at www.nascla.org. You can also order by mailing a copy of this order form to the address below with credit card information.

NASCLA
23309 N. 17th Drive, Suite 110
Phoenix, Arizona 85027
Phone (623) 587-9519 Fax (623) 587-9625 or
Online @ www.nascla.org

The NASCLA Contractors Guide to Business, Law and Project Management, Tabs Bundle Pak offers our permanent reference tabs that will help you navigate quickly through this publication. Please note that these tabs are self-adhesive and must be added at least one day prior for sufficient adhesive power.

SHIP TO:
Name ______________________________________________________________________________________
Company ___________________________________________________________________________________
Mailing Address ______________________________________________________________________________
City __________________________ State ____________ Zip ______________________________
Telephone (___) _________ - ___________ Fax (___) ______ - __________________________
Email Address _______________________________________________________________________________

METHOD OF PAYMENT (Due to possible added sales tax, checks are not accepted):
☐ Visa ☐ MasterCard ☐ American Express ☐ Discover
Card Number ___________________________________________ Exp. Date _____ /______ CVC _________
Name on Card ___________________________ Signature ____________________________________________

PLEASE SEND:
_____ Copy(ies) of the NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition Tabs Bundle Pak @ $87.99 $_______

_____ Copy(ies) of the NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition (book only) @ $78.00 $_______

SHIPPING & HANDLING:
$ 15.95 for one book ($6.00 for each additional book) $_______

SALES TAX: Addition State Sales Tax Rates could apply.

TOTAL $_______

Revised 3/2022
# 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.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractors License</td>
<td>(501) 372-4661</td>
<td><a href="http://www.arkansas.gov/clb">www.arkansas.gov/clb</a></td>
</tr>
<tr>
<td>Online Directory</td>
<td>(501) 682-3000</td>
<td><a href="http://www.arkansas.gov/directory">www.arkansas.gov/directory</a></td>
</tr>
<tr>
<td>Corporate Franchise Tax</td>
<td>Secretary of State</td>
<td>(501) 682-1100</td>
</tr>
<tr>
<td>Individual Income Tax</td>
<td>(501) 682-4775</td>
<td></td>
</tr>
<tr>
<td>Corporate Income Tax</td>
<td>(501) 682-1100</td>
<td></td>
</tr>
<tr>
<td>Sales &amp; Use Taxes</td>
<td>(501) 682-7104</td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>(501) 682-2121</td>
<td></td>
</tr>
<tr>
<td>Workers Compensation</td>
<td>(501) 682-3930</td>
<td></td>
</tr>
<tr>
<td>Labor Standards Division</td>
<td>(501) 682-4505</td>
<td></td>
</tr>
<tr>
<td>Asbestos</td>
<td>(501) 682-0744</td>
<td><a href="http://www.adeq.state.ar.us">www.adeq.state.ar.us</a></td>
</tr>
<tr>
<td>Boiler Construction &amp; Repair</td>
<td>(501) 682-4553</td>
<td><a href="http://www.labor.arkansas.gov">www.labor.arkansas.gov</a></td>
</tr>
<tr>
<td>Electrical</td>
<td>(501) 682-4548</td>
<td><a href="http://www.labor.arkansas.gov">www.labor.arkansas.gov</a></td>
</tr>
<tr>
<td>Elevators, Escalators, Dumbwaiters, Chairlifts</td>
<td>(501) 682-4538</td>
<td><a href="http://www.labor.arkansas.gov">www.labor.arkansas.gov</a></td>
</tr>
<tr>
<td>Gas Fitter</td>
<td>(501) 661-2642</td>
<td><a href="http://www.healthy.arkansas.gov">www.healthy.arkansas.gov</a></td>
</tr>
<tr>
<td>HVACR</td>
<td>(501) 683-5475</td>
<td><a href="http://www.labor.arkansas.gov">www.labor.arkansas.gov</a></td>
</tr>
<tr>
<td>Landscaping w/Planting</td>
<td>(501) 225-1598</td>
<td><a href="http://www.aad.arkansas.gov">www.aad.arkansas.gov</a></td>
</tr>
<tr>
<td>Lead Abatement</td>
<td>(501) 671-1472</td>
<td><a href="http://www.healthy.arkansas.gov">www.healthy.arkansas.gov</a></td>
</tr>
<tr>
<td>Plumbing</td>
<td>(501) 661-2642</td>
<td><a href="http://www.healthy.arkansas.gov">www.healthy.arkansas.gov</a></td>
</tr>
<tr>
<td>Refrigeration, Cold Storage</td>
<td>(501) 682-9201</td>
<td><a href="http://www.labor.arkansas.gov">www.labor.arkansas.gov</a></td>
</tr>
<tr>
<td>Septic Tank Installation &amp; Repair</td>
<td>(870) 648-5446</td>
<td></td>
</tr>
<tr>
<td>Sheet Metal, Ducts, Ventilation</td>
<td>(501) 682-9201</td>
<td><a href="http://www.labor.arkansas.gov">www.labor.arkansas.gov</a></td>
</tr>
<tr>
<td>Sprinklers, Fire Protection</td>
<td>(501) 661-7903</td>
<td><a href="http://www.arfireprotection.org">www.arfireprotection.org</a></td>
</tr>
<tr>
<td>Underground Storage Tanks</td>
<td>(501) 682-0993</td>
<td><a href="http://www.adeq.state.ar.us">www.adeq.state.ar.us</a></td>
</tr>
<tr>
<td>Water Wells</td>
<td>(501) 682-3900</td>
<td><a href="http://www.awwcc.arkansas.gov">www.awwcc.arkansas.gov</a></td>
</tr>
</tbody>
</table>

**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.

**Requires proof of appropriate certification/licensure before the Contractors Licensing Board will approve the classification(s).** Performing any of the following type projects without the appropriate certificate/license from the agency in question may be in violation of that agency’s law. Performing any of these type projects without the specific classification from the Contractors Licensing Board may be in violation of the Contractors Licensing law.