

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

This application is for contractors that have a current STATE contractor license OR can provide experience for the specialty classification(s) requested.

A temporary license will **only be valid for 90 days once issued** and CANNOT be reapplied for, renewed, or reinstated. 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 submitted 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)
3. Complete Questions 1-8 on page 2.
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, excluding your personal residence and any retirement accounts includes stocks and 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).

Types of Licenses for Home Improvement Specialty

LIMITED = can ONLY do residential home improvement projects less than \$50,000, including, but not limited to, labor and material.

UNLIMITED = residential home improvement projects on any size. **A balance sheet is required for this license, a blank balance sheet is on page 6.**

For office use only:

Arkansas Contractors Licensing Board

Temporary HI Specialty License

\$50 – Ck/MO# _____

ID# _____

(For office use only)

Limited Unlimited

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. List Corporation Name, LLC Name, Partnership Name, LP Name, LLP Name or Sole Proprietorship Name as applying for license (**if using an out of state 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 (**if using an out of state license, 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/club. 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.

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: _____
 Name: _____ SSN: _____
 Name: _____ SSN: _____
 Name: _____ SSN: _____
 Name: _____ SSN: _____
 Name: _____ SSN: _____
 Name: _____ SSN: _____

“Home Improvement Specialties”

Proof of experience performing the type of work requested is required on page 4 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 6/2022 (Temp HI Specialty App)

3.

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 Carpentry – 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

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)

ONLY use if applying for an **NLIMITED** temporary license...

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.

Name of Company or Sole Proprietorship Sheet:	Date of Balance:
Note: Any willful misrepresentation could result in a violation and loss of license.	
Current Assets	Amount
Cash	
a. In Banks	\$
b. Elsewhere (explain)	\$
Accounts Receivable	\$
Work in progress (unbilled)	\$
Total Current Assets	\$
Fixed Assets	
Equipment (Book value not appraised value No Tools)	\$
Furniture & Fixtures	\$
Real Estate (rental houses) (not personal residence)	\$
Auto's used in business (Book value not appraised value)	\$
Total Fixed Assets	\$
(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	\$