

# State of Arkansas Contractors Licensing Board



## Commercial New Application

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.

**\$100.00 Filing Fee – Check or money order only  
NON-REFUNDABLE / NON-TRANSFERABLE**

**MAIL INFORMATION 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](http://www.arkansas.gov/clb)

# Commercial

## New Application

### Type 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.

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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

# **RESTRICTED COMMERCIAL LICENSE**

## **INSTRUCTIONS/CHECKLIST**

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](http://www.arkansas.gov/clb). Once the application is received in our office, it must be complete by 90 days. After 90 days, another application, 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.
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 Arkansas State Licensing Law for Commercial Contractors Rules 224-25-5 of Act 150 for any questions about the classification(s) / specialty(s). **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 Secretary of State's office. Please refer to pages 15 & 16 for more information about the bond. **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 license or registration with our office.**
5. Copy of the Arkansas Business and Law passing test score. Please refer to page 17 & 18 for more information about the test. **The license can be approved but not released without this passing test score unless the same entity currently has a license or registration with our office.**
- 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 are **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](http://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.
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.

# UNRESTRICTED COMMERCIAL LICENSE

## Projects of Any Size INSTRUCTIONS/CHECKLIST

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](http://www.arkansas.gov/clb). Once the application is received in our office, it must be complete by 90 days. After 90 days, another application, 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.
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 Arkansas State Licensing Law for Commercial Contractors Rules 224-25-5 of Act 150 for any questions about the classification(s) / specialty(s). **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 Secretary of State's office. Please refer to pages 15 & 16 for more information about the bond. **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 license or registration with our office.**
5. Copy of the Arkansas Business and Law passing test score. Please refer to page 17 & 18 for more information about the test. **The license can be approved but not released without this passing test score unless the same entity currently has a license or registration with our office.**
- 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.
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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.
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.

**CLB OFFICIAL USE ONLY – (Do not write in this space)**

Filing Fee: \$ \_\_\_\_\_ ID#: \_\_\_\_\_  Restricted  Unrestricted

# Commercial New Application

**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, or Sole Proprietorship Name as applying for License:

\_\_\_\_\_

If Applicable, Fictitious Name / d/b/a Name: \_\_\_\_\_

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:

\_\_\_\_\_

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**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

# CLASSIFICATIONS

Please circle the classification(s) 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.

## MAJOR CLASSIFICATIONS

Must show five (5) years of experience for the following classifications.

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)

Must show one (1) year of experience for the following classifications.

- 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. Grinding & grooving
    3. Concrete joints
    4. Underdrains
  - d. Miscellaneous Concrete
    1. Sidewalks
    2. Driveways
    3. Curb & gutter
    4. Box culverts
- Hydraulics
- Incinerator & Stack Construction
- Indoor/Outdoor Advertising
- 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

**SPECIALTY(S) (Continued from page 6) - \*\*Requires an Arkansas Trade License or Certification**

- |  |   |
|--|---|
| <p>Piping, Process Piping, Valve Repair<br/>Plant Maintenance<br/>Plating &amp; Waste Treatment Systems<br/><b>** Plumbing</b><br/>Pneumatic Tube Systems<br/>Pollution, Air &amp; Dust Control, Blower &amp; Exhaust Systems<br/>Poultry &amp; Swine Electrical<br/>Poultry &amp; Swine Houses<br/>Poultry (HVACR)<br/>Precipitators<br/>Railroad Construction &amp; Related Items<br/>Rebar<br/><b>** Refrigeration, Cold Storage</b><br/>Remediation<br/>Remodeling, Renovations, Restoration, Alterations<br/>Retaining Walls<br/>Right of Way Clearing<br/>Roofs, Roof Decks, Roofing Sheet Metal<br/>Sandblasting, Hydroblasting, Dry Ice Blasting<br/>Scaffolding<br/>Scales<br/><b>** Septic Tank Installation &amp; Repair</b><br/>Security, Banking, Detention Equipment<br/>(Bars &amp; safety no certificate needed)<br/>Service Station Equipment</p> | <p><b>** Sheet Metal, Ducts, Ventilation</b><br/>Siding, Soffit, Fascia, Gutters<br/><b>** Signal or Burglar Alarms, Fire Detection &amp; Monitoring Systems</b><br/>Skylights<br/>Solar Systems<br/>Special Coatings or Applications, Caulking, Waterproofing<br/>Sport &amp; Recreational Surfaces<br/><b>** Sprinklers, Fire Protection</b><br/>Steel, Alloy, Ornamental, Metal Fabrication, Welding<br/>Storm Shelters<br/>Substations<br/>Swimming Pools, Spas<br/>Temperature Controls (Electric)<br/>Temperature Controls (Pneumatic)<br/>Testing &amp; Balancing<br/>Tile, Terrazzo, Marble, Countertops<br/>Tuckpointing<br/>Tunnels, Shafts<br/>Underground Piping, Cable, Trenching, Boring<br/><b>** Underground Storage Tanks</b><br/>Water and Sewer Lines<br/>Water Lines Associated with Fire Protection<br/><b>** Water Wells</b><br/>135Wind Turbines</p> |
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What type(s) of work do you propose to perform as a Licensed Contractor: (Be specific)

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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 501-682-9201)
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 501-661-1217)
12. Sheet Metal, Ducts, Ventilation (call 501-682-9201)
13. Signal or Burglar Alarms, Fire Detection & Monitoring Systems (call 501-618-8600)
14. Sprinkler, Fire Protection (call 501-661-7903)
15. Underground Storage Tanks (call 501-682-0993)
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

**Experience must be shown on each reference (pages 8, 9, and 10) for each classification(s)/specialty(s) requested.**

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## REFERENCE

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(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

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**(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?
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  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.  
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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. \_\_\_\_\_

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## REFERENCE

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**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)  
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\_\_\_\_\_
  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. \_\_\_\_\_

## APPLICANT INFORMATION

***Note: For 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.***

- Yes \_\_\_ No \_\_\_ 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.**
- Yes \_\_\_ No \_\_\_ 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)
- Yes \_\_\_ No \_\_\_ 3. Are you legally authorized to work in the United States of America? (See definition of you above)
- Yes \_\_\_ No \_\_\_ 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)
- Yes \_\_\_ No \_\_\_ 5. Does this applicant have one or more employees?
- Yes \_\_\_ No \_\_\_ 6. Does the applicant have Workers Compensation Insurance?

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

- Yes \_\_\_ No \_\_\_ 7. 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.**
- Yes \_\_\_ No \_\_\_ 8. 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.**
- Yes \_\_\_ No \_\_\_ 9. 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.**
- Yes \_\_\_ No \_\_\_ 10. 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.**
- Yes \_\_\_ No \_\_\_ 11. 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.**
- Yes \_\_\_ No \_\_\_ 12. 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.**

### **ONLY COMPLETE THE FOLLOWING IF APPLYING AS A SOLE PROPRIETORSHIP...Answer questions 13-17**

- Yes \_\_\_ No \_\_\_ 13. Are you on Active Duty in the United States Military?
- Yes \_\_\_ No \_\_\_ 14. Is your spouse on Active Duty in the United States Military?
- Yes \_\_\_ No \_\_\_ 15. Are you a former member of the United States Military who has NOT been dishonorably discharged?
- Yes \_\_\_ No \_\_\_ 16. Is your spouse a former member of the United States Military who has NOT been dishonorably discharged?
- Yes \_\_\_ No \_\_\_ 17. If you answered yes to questions 13, 14, 15, or 16, do you hold a **current state contractor license** (not a registration) 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(s) as you have in that other State.

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Corporation, LLC, Partnership, LP, LLP, or Sole Proprietorship Data

\*\*\*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/ceb](http://www.arkansas.gov/ceb). 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.

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Date the Company registered with the Arkansas Secretary of State's office (501-682-3409): \_\_\_\_\_

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Please list legal name and SSN of the following:

President _____	SSN _____
Vice-President _____	SSN _____
Secretary _____	SSN _____
Treasurer _____	SSN _____

---

Please list the legal name and SSN for ANYONE who owns 10% or more interest in the entity requesting a license. If it is an entity that owns 10% or more interest in the entity requesting a license, then remit those entities Federal ID#/EIN.

Name _____	SSN _____
Name _____	SSN _____
Name _____	SSN _____
Name _____	SSN _____
Name _____	SSN _____
Name _____	SSN _____
Name _____	SSN _____
Name _____	SSN _____
Name _____	SSN _____
Name _____	SSN _____

# AFFIDAVIT

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. Further, 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 is not now a party on any contract for such work, does not have any outstanding work or any bid for such work, will not bid, contract or perform any such work until such time as the applicant is approved and a license has been issued. Any exceptions to this affidavit are attached hereto.

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

# **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's Company Name** and **EIN on the bond**, **exactly** as applying for license.

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.

We cannot accept a License and Permit 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 line and indicate that you're a direct underwriter.**

**Continuation Certificates are not required, as our bonds are continuous until cancelled.**

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## **CONTRACTORS:**

**Principal Company Name** and **EIN must appear on the bond**, **exactly** as applying for the license. 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.

Bond and the Power of Attorney may be mailed, faxed, or emailed to the Board for processing:  
**contractors.licensing.board@arkansas.gov**  
**fax (501-372-2247)**

**Contractors Licensing Board, 4100 Richards Road, North Little Rock, AR, 72117**

For questions regarding this bond, contact our office at 501-372-4661 or  
[contractors.licensing.board@arkansas.gov](mailto:contractors.licensing.board@arkansas.gov)





# 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 855-257-1620.

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

## Registration Instructions:

By Phone: P.S.I. at 1-855-257-1620  
Payment methods: VISA, Mastercard, American Express or Discover  
Schedule the following: *Arkansas Contractor Business and Law Exam*

Registering Online: <https://test-takers.psiexams.com/arconst>

Follow these instructions:

1. Go to the above website.
2. Click on Tests
3. You will be asked to select the examination.
  - a. Select the following: *\_AR Business and Law Examination (Onsite -Test Center)*
  - b. Click on Login/Register
  - c. Click on Create Account if you need to register, otherwise sign in if you are already registered.
  - d. After registered, click on Login.  
\*\*Make sure when registering you use the EXACT information you will have on your photo ID the day of taking your test.
  - e. Click on Continue Booking
  - f. Enter all required information and click NEXT
  - g. Enter information to find your nearest test center and click Find
  - h. Click on the testing facility you wish to test at
  - i. Click Date & time you wish to test and click NEXT
  - j. Enter payment information and click continue
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 Business and Law Examination (Onsite -Test Center)*
- 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**

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

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Phoenix, Arizona 85027  
Phone (623) 587-9354 Fax (623) 587-9625 or  
Online @ [www.nascla.org](http://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.

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_____	Copy(ies) of the <b>NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition Tabs Bundle Pak</b> @ \$87.99	\$ _____
_____	Copy(ies) of the <b>NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition (book only)</b> @ \$78.00	\$ _____

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