Residential Roofing Registration

State of Arkansas Contractors Licensing Board

$20.00 Filing Fee CHECK or MONEY ORDER ONLY
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
FAX Number (501) 372-2247
Web Site: www.arkansas.gov/clb

Effective Date 6/2022 (Residential Roofing Registration)
Residential Roofing Registration

IMPORTANT INFORMATION ABOUT RESIDENTIAL ROOFING REGISTRATION:

1. A Residential Roofing Registrant is **NOT a licensed contractor**. It is a violation of the law for a Residential Roofing registrant to perform a project for which a license is required or outside the scope of this registration itself.

2. A Residential Roofing Registrant will have to renew their registration yearly.

Effective Date 1/2022 (Residential Roofing Registration)
A completed application must be received, with the appropriate fee (all fees are non-refundable) before it can be considered.

Once the application is received in our office, it must be completed within 90 days.

After 90 days, another application and filing fee will be required.

1. $20.00 filing fee CHECK OR MONEY ORDER ONLY made payable to the Contractors Licensing Board. (Fees are NON-REFUNDABLE / NON-TRANSFERABLE)

2. Complete Application-Pages 4, 5, 6, 7 (if applicable)

3. Fully executed $15,000.00 Residential Roofing Registrant Surety Bond that must be in Principal Name & EIN, as registered with the Secretary of States Office. Please refer to pages 8 & 9 for more information about the bond.

5. If the applicant has one or more employees: You must have Worker's Compensation insurance coverage.

6. Remit documentation from your entity’s Secretary of State’s office showing that the Corporation, LLC, Partnership, LP, or LLP is in good standing with said Secretary of State.

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/Registration</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>(501) 682-1100</td>
<td></td>
</tr>
<tr>
<td>INDIVIDUAL INCOME TAX</td>
<td>(501) 682-4775</td>
<td></td>
</tr>
<tr>
<td>CORPORATE INCOME TAX</td>
<td>(501) 682-4775</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 or (855) 225-4440</td>
<td></td>
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<tr>
<td>WORKERS COMPENSATION</td>
<td>(501) 682-3930 or (800) 250-2511</td>
<td></td>
</tr>
<tr>
<td>LABOR STANDARDS</td>
<td>(501) 682-4505</td>
<td></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.

Effective Date 1/2022 (Residential Roofing Registration)
Residential Roofing Registration Application

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

ANSWER ALL OF THE FOLLOWING QUESTIONS:

Indicate the type of entity seeking a registration by “circling” one of the choices below:

SOLE PROPRIETORSHIP       CORPORATION        LLC        PARTNERSHIP        LP        LLP

Corporation Name, LLC Name, Partnership Name, LP Name, LLP Name as listed with Secretary of State’s office / Sole Proprietorship:

________________________________________________________________________________

Fictitious Name / D/B/A Name: _____________________________________________________

(If Applicable & as listed with Secretary of State’s office)

Federal ID# / EIN _______________________________

Mailing Address _________________________________________________________________

City _______________________ State ______ Zip Code ___________________

Physical Address _________________________________________________________________

City _______________________ State ______ Zip Code ___________________

Company Phone _______________________       Fax _________________________

Company E-mail _________________________________________________________________

Information on person to contact with any questions regarding this application:

Name:  ____________________________________________________________

Phone#:  __________________________________________________________

Email Address:  _____________________________________________________

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This page MUST be completed in FULL

OFFICERS
List ANY/ALL officers with Full names and complete social security numbers of ALL individuals:

- President ________________________________ SSN _____________________________
- Vice-President ___________________________ SSN _____________________________
- Secretary ________________________________ SSN _____________________________
- Treasurer ________________________________ SSN _____________________________

OWNERS
List ANY/ALL individuals who own 10% or more of the company that is applying for a registration. List Full names and complete social security numbers of ALL Individuals:

- Name__________________________________ SSN _____________________________
- Name__________________________________ SSN _____________________________
- Name__________________________________ SSN _____________________________
- Name__________________________________ SSN _____________________________
- Name__________________________________ SSN _____________________________

AUTHORIZED INDIVIDUALS
List ANY/ALL officers, owners, employees, or any other individual who is authorized to Act for the applicant’s business

- Name__________________________________ SSN _____________________________
- Name__________________________________ SSN _____________________________
- Name__________________________________ SSN _____________________________
- Name__________________________________ SSN _____________________________
- Name__________________________________ SSN _____________________________

Registered Agent
If the applicant’s company is not DOMICILED in Arkansas, the company is considered a NON-Resident and MUST provide a Registered Agent for Service of Process. The Registered agent MUST be domiciled in Arkansas. You can do a google search of “Registered agents in Arkansas”. You will need to contact them to get set up as one of their clients. Once set up you can provide their information here:

Registered Agent Name: ______________________________________________________
Registered Agent Address: ____________________________________________________
City:________________________ State _______ Zip Code __________

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APPLICANT INFORMATION

Note: For the purpose of the following questions 1-4, You/Your means, this organization, any officer, anyone authorized to act for applicant’s business, you, or anyone who owns 10% or more of the entity.

Yes___ No___ 1. Does this applicant have one or more employees?

Yes___ No___ 2. Does the applicant have Workers Compensation Insurance?

Yes___ No___ 3. Are you at least 18 years of age or older?

Yes___ No___ 4. Are you Registered, Certified, or Licensed in ANY other State?

Answering yes to any of the following questions will not automatically disqualify you for a residential roofing registration.

Yes___ No___ 5. Has the applicant been subject to discipline in Arkansas or any other state? If yes, please attach separately a written explanation as to what occurred and when this occurred.

Yes___ No___ 6. 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 9) for each offense.

Yes___ No___ 7. 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___ 8. Have you ever had a license, registration, or certification revoked, suspended, been penalized or disciplined by Arkansas Contractors Licensing Board or Committee or ANY other State? (See definition of “you” above) If yes, attach separately details and an explanation.

AFFIDAVIT

(Corporation, LLC, Partnership, LP, LLP, Sole Proprietorship)

I, ________________________________________, being duly sworn/affirmed,
(Name of Owner/Officer/Member/Partner/Sole Proprietor)
That I am _______________________________ of ________________________________;
(Position held) (Company Name, if Applicable)

And state under oath that:

• All statements contained within this registration application, including attachments are true and correct.

• Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, 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., or A.C.A. § 17-25-601 et seq. including the obtaining and reviewing of a criminal background check.

• Understand that a Registered Contractor is NOT a LICENSED CONTRACTOR.

• Will comply with all federal, state, and local laws and rules.

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

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Complete this form ONLY if yes was answered to question #6 on page 6

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: ____________________________________________________________________________
    _________________________________________________________________________________________
    _________________________________________________________________________________________
    _________________________________________________________________________________________
    _________________________________________________________________________________________
    _________________________________________________________________________________________
    _________________________________________________________________________________________

Effective Date 6/2022 (Residential Roofing Registration)
Instructions for Arkansas’ $15,000 Residential Roofing Registrant SURETY Bond

All Residential Roofing Registrants are required to have this bond filed with the Board to have a valid Registration.

AGENTS: (Bond must be identical to the name which will appear on the Registration Certificate. - Company Name and EIN 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.

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

Registrants:

MAKE sure to complete the principal signature section at the bottom right corner of the form. Including Federal ID# as filed with the IRS, address, phone number, and signature.

For questions regarding this bond, contact our office at 501-372-4661 or via email at contractors.licensing.board@arkansas.gov

Effective Date 6/2022 (Residential Roofing Registration)
$15,000 Residential Roofing Registrant Surety Bond

(Required by A.C.A. 17-25-604(d)(1))

Effective Date ________________________________ (Continuous Until Cancelled)

Bond Number ________________________________

NOW, therefore, we the undersigned, ___________________________________, as Principal and ___________________________________, as Surety, a Surety Company authorized to do business in Arkansas, its successors, assigns, and legal representatives are held firmly bound to the State of Arkansas, the Arkansas Contractors Licensing Board and any person or business sustaining damage within the terms of this bond for payment, in the Sum of Fifteen Thousand Dollars ($15,000). We bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these present;

WHEREAS, the above bonded Principal has applied to the Arkansas Contractors Licensing Board pursuant to A.C.A. 17-25-604 et. seq., as amended;

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, if the Principal, in compliance with Ark. Code Ann. 17-25-604 et. seq., does not engage in an act or omission constituting a breach of construction contract or a contract for the furnishing of labor, materials, or professional services for construction undertaken by the Principal, or does not commit any unlawful act or omission in performing construction, then this obligation shall be void; otherwise it is to remain in full force and effect.

This bond is in full force and effect as to the above statutory, regulatory and procedural obligations of the Principal form this effective date until canceled as set out herein; the Surety shall have the right to cancel this bond at any time by filing written notice with the Arkansas Contractors Licensing Board and the Principal of its intention to so cancel, giving at least sixty (60) days written notice prior to the effective date of the cancellation. This provision, however, shall not operate to relieve, release or discharge the Surety from any liability already accrued or which shall accrue before the expiration of the sixty (60) day period. Regardless of the number of years this bond may remain in force or the number of claims against this bond, the aggregate liability of the Surety for any and all claims, suits or actions under this bond shall not exceed the sum of Fifteen Thousand dollars ($15,000).

The Surety shall provide the Board with written notice of any payment made in good faith under the Bond within thirty (30) days of such payment. No right of action shall accrue upon or by reason of this bond to or for the use or benefit of anyone whatsoever other than the Board or any person sustaining loss or damage within the terms of this bond for payment.

Witness our hand and seal this ___________ day of ______________________________, 20 ____.

Name and Address of Surety Company (Print) Name and Address of Principal (Print)

______________________________________________  ______________ _________________________

______________________________________________  ______________ _________________________

______________________________________________  ______________ _________________________

Name and Address of Surety Company (Print) Name and Address of Principal (Print)

______________________________________________  ______________ _________________________

Phone Number of Surety Phone Number of Principal

______________________________________________  ______________ _________________________

Principal’s Federal ID# By: _____________________________

Signature of Principal

______________________________________________  ______________ _________________________

Insurance Company Name or Agent By: _____________________________

Signature of Agent/Broker/Producer (Printed Name)

______________________________________________  ______________ _________________________

Mailing Address Phone Number

______________________________________________  ______________ _________________________

Signature of Agent/Broker/Producer (Printed Name)

Power of Attorney Signature (if different than above) or IF Direct Underwriter – Surety Employee Signature

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