State of Arkansas
Contractors Licensing Board

AMENDED CLASS REQUEST
ADDING NEW Subcontractor Registration CLASSIFICATION(S) / SPECIALTY(S)

INSTRUCTIONS

This application will not be considered, unless the $100.00 filing fee (NON-refundable), amended class form, and affidavit are returned, as well as any copies of required trade license(s) / certification(s) as described below. This application will only be valid for 90 days once received in our office. After 90 days another fee, form, etc. will be required. (Any form signed over 90 days cannot be accepted.)

NOTE: If requesting any of the classes listed below, the appropriate Arkansas trade license / certificate from the approved entity (see the boxed section on the enclosed page 4 for more information on where to call to obtain needed trade license/certificate) MUST be in place before requesting these classes. We must also have a copy of that trade license / certificate before we can process an application for any of these classes.

Example: Boiler Construction & Repair requires a Boiler Construction License from the Arkansas Department of Labor.

The following classifications require an Arkansas Trade license/certificate (see boxed area page 4 for detailed list)

<table>
<thead>
<tr>
<th>HVACR</th>
<th>Plumbing</th>
<th>Electrical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Construction</td>
<td>Boiler Repair</td>
<td>Asbestos</td>
</tr>
<tr>
<td>Lead Abatement</td>
<td>Elevators</td>
<td>Fire Sprinklers</td>
</tr>
<tr>
<td>Underground Storage Tanks</td>
<td>Fire &amp; Burglar Alarms</td>
<td>Water Wells</td>
</tr>
<tr>
<td>Septic Tanks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **FILING FEE** – $100.00 filing fee is required. Fees are non-refundable. Send money order or check made out to CLB or Contractors Licensing Board with this application.

2. **AMENDED CLASS APPLICATION** including **AFFIDAVIT** – Page 2
   Read, complete, and sign

3. **CLASSIFICATION SELECTION** – page 3 & 4 – Circle any all classifications you wish to have on your Subcontractor Registration. You must provide a trade license for any classification marked with an **

**DEFINITIONS:**

**QUALIFIER:** A person that has passed the appropriate trade examination. To act as a “Qualifying Party” a person must be either; (1) a sole owner; (2) a partner of the partnership who is actively engaged in the day to day activities of the licensed entity; (3) an officer of the corporation who is actively engaged in the day to day activities of the licensed entity; (4) a member of the Limited Liability Company who is actively engaged in the day to day activities of the licensed entity; (5) a partner of the Limited Liability Partnership who is actively engaged in the day to day activities of the licensed entity; or (6) a full time paid employee of the licensed entity.

**FULL TIME EMPLOYEE:** A person who is an actual employee of the business, not an independent contractor. The person must work, on average, 30 or more hours a week for the licensed entity (1500 hours per year), must not be paid as an independent contractor (not receive a “1099” for his earnings but receive a “W-2” for his earnings). A full-time employee is not someone who is hired “job to job” as needed. Other factors to be considered in making this determination include but are not limited to: whether the licensed entity pays for workman’s compensation insurance on the individual, whether the licensed entity pays payroll taxes on the individual, the amount of control the licensed entity has over the activities of the individual, the ownership of the tools used by the individual and, whether the individual maintains his own business separate from the licensed entity in question.
**AMENDED CLASS APPLICATION -**  
**Sub-Contractor Registration - New Application**

State of Arkansas  
CONTRACTORS LICENSING BOARD  
4100 Richards Road  
North Little Rock, Arkansas 72117  
Phone (501) 372-4661

ID# ____________________  
(Located in the upper right hand corner of your license.)

FILING FEE: $____________

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Use The Name Issued on the Contractors License:

<table>
<thead>
<tr>
<th>Licensed Entity Name:</th>
<th>Registration #</th>
</tr>
</thead>
</table>

Name & Phone # of person completing this form:

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1. **REQUESTED CLASSIFICATION:**  
   Please circle those classifications being requested on page 4 and 5 attached

2. Answer the following question by checking Yes or No in the space provided

___ Yes  ___ No  Has the licensed entity bid, contracted, or performed any work that would require an Arkansas Contractors License with regards to the request of this amendment form? If yes, attach details separately (List projects, address, date started, and dollar amount).

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3. Complete and sign the below affidavit

**AFFIDAVIT**

[Name], being duly sworn, deposes and says:

I hereby affirm that the information contained herein is true and correct and shall become a part of the present valid application on file. The foregoing statement is submitted to the Contractors Licensing Board and/or Residential Contractors Committee for the purpose of amending the present valid license and that any depository, vendor or other agency herein named is hereby authorized to supply the Contractors Licensing Board and/or Residential Contractors Committee with any information necessary to verify these statements.

Signature of Owner/Officer/Partner/Member

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Subcontractor Registration Amended Class Form  2. Revised 9/2022
CLASSIFICATIONS

Please circle the specialty classification(s) being requested.

By circling a classification, the applicant certifies that it has the proper education, experience, training, skills and financial ability to perform the type of work for which it is registering.

Classification(s) marked with ** require an Arkansas Trade License or Certification. If adding a class that requires a trade license you will need to complete pages 5 & 6 for the qualifying individual, you wish to have listed.

- **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
- Drywall
- **Electrical**
  - 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
- 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
CLASSIFICATIONS (Continued from page 3) - **Requires a Arkansas Trade License or Certification

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

If any of the following specialty(s) are being requested, then attach a copy of the Arkansas trade license/certificate.

1. Asbestos (call 501-682-0718)
2. Boiler Construction & Repair (call 501-682-4513)
3. Electrical (call 501-682-4549)
4. Elevators, Escalators, Dumbwaiters, Chairlifts (call 501-682-4530)
5. Gas Fitter (call 501-661-2642)
6. HVAC (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 501-661-2171)
12. Sheet Metal, Ducts, Ventilation (call 501-682-9201)
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 # _____________________________ |
| 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 |
Complete the following pages ONLY if you are requesting a classification that requires a Trade license. Marked by ** in the list above.

Arkansas Contractors Licensing Board
4100 Richards Rd.
North Little Rock, AR 72117
Fax - 501-372-2247

ID# __________________________

QUALIFYING PARTY: ____________________________, SS# ____________________________
(person taking test or trade license holder)

I, ____________________________, being duly sworn, do hereby certify that the above name (Owner, Member, or Officer) listed as a qualifying party is:

1. Employment Status of Qualifying party (check (✓) one of the following)
   ___Full time paid employee (with W-2 income)
   ___Owner, Member, or Officer of the company (actively involved in the day to day operations)

2. Answer the following questions pertaining to the qualifying party by checking yes or no

   Yes____ No____ Has the above listed qualifier filed bankruptcy or were a part of any other organization that filed bankruptcy within the last ten (10) years? 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____ Has the above listed qualifier ever been convicted of a felony? If yes, you will need to fill out the criminal history form. (attached) One form for each offense.

   Yes____ No____ Does the above listed qualifier required to register on the sex offender registry in this state or any other state? If yes, you will need to fill out the criminal history form. (attached) One form for each offense.

   Yes____ No____ Does the above listed qualifier have any outstanding liens, judgments, or pending litigation? If yes, attach separately details and a written explanation.

and do further understand and agree should this person's employment terminate, the licensed entity would notify the Contractors Licensing Board in writing within fifteen (15) business days and have another party qualified within thirty (30) days. If proper documentation is not received in our office within thirty (30) days from termination date of employment, the license shall become invalid, unless a written request for more time to requalify is received in this office.

Company Name: ____________________________

Signature: ____________________________ Date: ______________
(Owner, Member or Officer)

Contact Phone Number: ____________________________

Subcontractor Registration Amended Class Form

5. Revised 9/2022
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 ___ ________________________
Name_______________________________________ SSN ___ ________________________
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Name_______________________________________ SSN ___ ________________________
Name_______________________________________ SSN ___ ________________________
Name_______________________________________ SSN ___ ________________________
Complete this form ONLY if you answered yes to question # 2 on page 5 regarding felonies or sex offender

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: _____________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Subcontractor Registration Amended Class Form  Revised 9/2022