Amended Class for Home Improvement

New Application

Arkansas Contractors Licensing Board
4100 Richards Road
North Little Rock, AR 72117
Phone 501-372-4661

Use the Name Issued on the Contractors License:

Licensed Entity Name: _________________________________________________________
License #:________________________
Person completing this form: Print Name: _______________________________________
Phone Number: ____________________________________

1. FILING FEE – A $50.00 filing fee is required to process this request. Fees are non-refundable.

***This application will not be considered, unless the $50.00 filing fee (NON-refundable), this form (page 1), and experience information (page 2) are completed and returned. *** This application will only be valid for 90 days once received in our office. ***

2. When completing this form, “Residential Remodeler” may only be requested, if you grandfathered in before 12/31/2011 and still hold a valid license, otherwise a “New Residential Remodeler” application must be completed, as well as the Arkansas Business & Law Test taken.

3. CIRCLE the “number” for the Specialty(s) being requested below:

1. Residential Remodeler - Read #2 above. (Remodeler includes all specialties listed below, to include additions to existing homes.)

2. Awnings, Canopies
3. Base & Paving (Includes):
   - Base Construction: Hot & Cold Mixes
   - Surface Treatment: Asphalt; Concrete Paving
4. Boat Docks
5. Carpentry, Framing, Millwork, Cabinets
6. Ceilings, Wall Systems, Acoustical Treatments
7. Central Vacuum Systems
8. Chimneys, Fireplaces
9. Communication, Computer or Sound Systems, Cabling
10. Concrete
11. Countertops
12. Demolition
13. Detached Garage, Storage Building,
    Detached Structures, Metal Building Erection
14. Drywall
15. Fencing, Gates
16. Floors, Floor Covering
17. Foundation Construction or Drilling,
    Pile Driving, Stabilization
18. Glass, Glazing, Doors, Windows, Hardware
19. Grading & Drainage, Excavating (Includes):
    Pipe & Structures; Culverts, Clearing; Grubbing & Rip Rap
20. Greenhouses, Sunrooms
21. Insulation
22. Kitchen, Bathroom Renovations
23. Landscaping, Irrigation, Lawn Sprinkler Systems, Streams
24. Lathe, Plaster, Stucco, Dryvit, EIFS
25. Masonry
26. Metal Studs, Walls
27. Overhead Doors
28. Painting, Wallcovering
29. Rebar
30. Retaining Walls
31. Siding, Soffit, Facia, Gutters
32. Skylights
33. Solar Systems
34. Special Coatings or Applications, Caulking, Waterproofing
35. Steel, Alloy, Ornamental, Metal Fabrication, Welding
36. Storm Shelters
37. Swimming Pools, Spas
38. Tile, Terrazzo, Marble

1. Revised 2/2022
Experience Information - For Home Improvement Only

4. Complete the following with projects previously completed, that are being requested on page 1. Example: Residential Remodeler – Houses built, room additions, or large remodel jobs. If requesting Painting; Floors; and Roofing, etc. - show projects where those types of work have been completed.

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:
____________________________________________________________________________________
____________________________________________________________________________________

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:
____________________________________________________________________________________
____________________________________________________________________________________

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:
____________________________________________________________________________________
____________________________________________________________________________________

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:
____________________________________________________________________________________
____________________________________________________________________________________

(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 present valid application on file**.

______________________________  ______________________________
(Signature of Individual completing application)  (Signature of Individual completing application)

Revised 2/2022