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

Effective Date 9/2022(Commercial New App)
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**
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. 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 (both the Affidavit & the Affidavit Regarding Bidding or performance of Work).

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 blue booklet (Act 150) for any questions about the classification(s) / specialty(s). THE INDIVIDUALS GIVING THE REFERENCES, NOT THE PERSON APPLYING FOR THE LICENSE, MUST COMPLETE THE REFERENCE FORMS. 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. *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 lower-class license or registration.* Please refer to pages 15 & 16 for more information about the bond.

5. Copy of the Arkansas Business and Law passing test score. *The license can be approved but not released without this passing test score unless the same entity currently has a lower-class license or registration.* Please refer to page 17 & 18 for more information about the test.

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 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. 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 (both the Affidavit & the Affidavit Regarding Bidding or performance of Work).

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 blue booklet (Act 150) for any questions about the classification(s) / specialty(s). THE INDIVIDUALS GIVING THE REFERENCES, NOT THE PERSON APPLYING FOR THE LICENSE, MUST COMPLETE THE REFERENCE FORMS. We cannot accept references that are more than 90 days old.

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5. Copy of the Arkansas Business and Law passing test score. The license can be approved but not released without this passing test score unless the same entity currently has a lower-class license or registration. Please refer to page 17 & 18 for more information about the test.

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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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.
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 :

_______________________________________________________________________________________

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

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**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.

<table>
<thead>
<tr>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above Ground Tanks</td>
</tr>
<tr>
<td><strong>Asbestos</strong></td>
</tr>
<tr>
<td>Awnings, Canopies &amp; Gutters</td>
</tr>
<tr>
<td>Base &amp; Paving</td>
</tr>
<tr>
<td>a. Base Construction</td>
</tr>
<tr>
<td>b. Hot &amp; Cold Mixes</td>
</tr>
<tr>
<td>c. Surface Treatment</td>
</tr>
<tr>
<td>d. Asphalt</td>
</tr>
<tr>
<td>e. Concrete Paving</td>
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<tr>
<td>Blinds, Curtains, Draperies, Theatrical</td>
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<tr>
<td>Boat Docks</td>
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<tr>
<td><strong>Boiler Construction &amp; Repair</strong></td>
</tr>
<tr>
<td>Bulk Storage Facilities</td>
</tr>
<tr>
<td>Cable Television Lines (Above &amp; Below Ground)</td>
</tr>
<tr>
<td>Car Washes</td>
</tr>
<tr>
<td>Carpenters, Framing, Millwork, Cabinets</td>
</tr>
<tr>
<td>Ceilings, Wall Systems, Acoustical Treatments</td>
</tr>
<tr>
<td>Chemical Resistant Tile &amp; Brick</td>
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<tr>
<td>Chimneys, Fireplaces</td>
</tr>
<tr>
<td>Cofferdams, Dikes, Levees, Canals</td>
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<tr>
<td>Communication, Computer or Sound Systems, Cabling</td>
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<tr>
<td>Concrete</td>
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<tr>
<td>Control Systems &amp; Instrumentation</td>
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<tr>
<td>Conveyors, Material Handling Systems, Cranes, Hoists</td>
</tr>
<tr>
<td>Cooling Towers</td>
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<tr>
<td>Demolition, Blasting</td>
</tr>
<tr>
<td>Dredging</td>
</tr>
<tr>
<td>Institutional &amp; Kitchen Equipment</td>
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<tr>
<td>Drywall</td>
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<tr>
<td>Electrical Transmission Lines</td>
</tr>
<tr>
<td><strong>Elevators, Escalators, Dumbwaiters, Chairlifts</strong></td>
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<tr>
<td>Energy &amp; Chemical Pipelines</td>
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<tr>
<td>Energy Management, Retrofit Systems</td>
</tr>
<tr>
<td>Environmental General</td>
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<tr>
<td>Erosion Control</td>
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<tr>
<td><strong>Factory Trained Medical Equipment Technician</strong></td>
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<tr>
<td>(<em>exemption</em> from Electrical Board required)</td>
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<tr>
<td>Fencing, Gates</td>
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<tr>
<td>Fiberglass</td>
</tr>
<tr>
<td>Fireproofing</td>
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<tr>
<td>Floors, Floor Covering</td>
</tr>
<tr>
<td>Foundation Construction or Drilling, Pile Driving, Stabilization</td>
</tr>
<tr>
<td>Furnaces, Fuel Burning or Heat Transfer Equipment, Stokers, Refractories</td>
</tr>
<tr>
<td>Furniture, Recreational and/or Playground Equipment, Bleachers, Seating, Partitions</td>
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<tr>
<td><strong>Gas Fitter</strong></td>
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<tr>
<td>Generators, Turbines</td>
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<tr>
<td>Glass, Glazing, Doors, Windows, Hardware, Storefront</td>
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<tr>
<td>Golf Cart &amp; Foot Bridges &amp; Paths</td>
</tr>
<tr>
<td>Golf Courses</td>
</tr>
<tr>
<td>Grading &amp; Drainage (Includes Pipe &amp; Structures, Culverts, Clearing, Grubbing &amp; Rip Rap, Excavation)</td>
</tr>
<tr>
<td>Grain Bins</td>
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<tr>
<td>Greenhouses</td>
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<tr>
<td><strong>Heating, Ventilation, Air Conditioning, Refrigeration</strong></td>
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<tr>
<td><strong>HRA Miscellaneous &amp; Specialty Items</strong></td>
</tr>
<tr>
<td>a. Traffic Safety</td>
</tr>
<tr>
<td>1. Pavement Markers</td>
</tr>
<tr>
<td>2. Signaling</td>
</tr>
<tr>
<td>3. Guardrails &amp; Fencing</td>
</tr>
<tr>
<td>4. Attenuators, Signalization &amp; Roadway Lighting</td>
</tr>
<tr>
<td>b. Landscaping</td>
</tr>
<tr>
<td>1. Seeding</td>
</tr>
<tr>
<td>2. Sodding</td>
</tr>
<tr>
<td>3. Planting</td>
</tr>
<tr>
<td>4. Chemical weed &amp; brush control</td>
</tr>
<tr>
<td>c. Pavement Rehabilitation</td>
</tr>
<tr>
<td>1. Sidewalks</td>
</tr>
<tr>
<td>2. Driveways</td>
</tr>
<tr>
<td>3. Curb &amp; gutter</td>
</tr>
<tr>
<td>4. Box culverts</td>
</tr>
<tr>
<td><strong>Hydraulics</strong></td>
</tr>
<tr>
<td>Incliner &amp; Stack Construction</td>
</tr>
<tr>
<td><strong>Interior Work</strong></td>
</tr>
<tr>
<td>Indoor/Outdoor Advertising</td>
</tr>
<tr>
<td>Institutional &amp; Kitchen Equipment</td>
</tr>
<tr>
<td>Insulation</td>
</tr>
<tr>
<td><strong>Kilns, Drying Systems</strong></td>
</tr>
<tr>
<td><strong>Landfills</strong></td>
</tr>
<tr>
<td><strong>Landscaping, Irrigation, Lawn Sprinkler Systems, Streams</strong></td>
</tr>
<tr>
<td><strong>Landscaping with Planting</strong></td>
</tr>
<tr>
<td>Lathe, Plaster, Stucco, Dryvit, EIFS</td>
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<tr>
<td><strong>Lead Abatement</strong></td>
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<tr>
<td>Lift Stations, Pumps</td>
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<tr>
<td>Lighting Protection</td>
</tr>
<tr>
<td>Liners</td>
</tr>
<tr>
<td>Marine Docks</td>
</tr>
<tr>
<td><strong>Masonry</strong></td>
</tr>
<tr>
<td>Mausoleums</td>
</tr>
<tr>
<td>Medical Shielded Enclosures</td>
</tr>
<tr>
<td>Metal Buildings, Detached Structures, Storage Buildings</td>
</tr>
<tr>
<td>Metal Studs, Walls</td>
</tr>
<tr>
<td>Meter Installation &amp; Service</td>
</tr>
<tr>
<td>Microwave Systems, Towers, Satellite Dishes</td>
</tr>
<tr>
<td><strong>Millwright</strong></td>
</tr>
<tr>
<td>Oil &amp; Gas Field Construction, Rigging</td>
</tr>
<tr>
<td>Overhead Doors &amp; Dock Equipment</td>
</tr>
<tr>
<td>Paint Booths</td>
</tr>
<tr>
<td>Painting, Wallcovering</td>
</tr>
<tr>
<td>Passenger Boarding Bridges</td>
</tr>
</tbody>
</table>

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

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

What type(s) of work do you propose to perform as a Licensed Contractor: (Be specific)

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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 501-683-5475)
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 501-648-5446)
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 # ____________________________

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.
REFERENCE

(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

(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.

__________________________________________________________________________
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__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

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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.____________________________

Effective Date 9/2022(Commercial New App)
REFERENCE

(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)

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WORK EXPERIENCE, NOT CREDIT HISTORY.

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If yes, you are not eligible to complete this form. STOP!!!

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______________________________________________________________________________________________________

______________________________________________________________________________________________________

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______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

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._____________________________

Effective Date 9/2022(Commercial New App)
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?

Yes___ No___ 7. Are you on Active Duty in the United States Military?

Yes___ No___ 8. Is your spouse on Active Duty in the United States Military?

Yes___ No___ 9. Are you a former member of the United States Military who has been discharged from Active Duty under circumstances other than dishonorable?

Yes___ No___ 10. Is your spouse a former member of the United States Military who has been discharged from Active Duty under circumstances other than dishonorable?

Yes___ No___ 11. If you answered yes to questions 7, 8, 9, or 10, do you hold a current contractor license 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 as you have in the other State.

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

Yes___ No___ 12. 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___ 13. 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___ 14. 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___ 15. 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___ 16. 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___ 17. 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.
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: __________________________________________
   ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________

Effective Date 9/2022(Commercial New App)
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/clb. 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.

Date the Company registered with the Arkansas Secretary of State’s office (501-682-3409):_______________

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.

Name____________________________ SSN ____________________________
Name____________________________ SSN ____________________________
Name____________________________ SSN ____________________________
Name____________________________ SSN ____________________________
Name____________________________ SSN ____________________________
Name____________________________ SSN ____________________________
Name____________________________ SSN ____________________________
Name____________________________ SSN ____________________________
Name____________________________ SSN ____________________________
Name____________________________ SSN ____________________________

Effective Date 9/2022(Commercial New App)   13.
AFFIDAVIT
(Corporation, LLC, Partnership, LP, LLP, Sole Proprietorship)

I, _____________________________________________________, being duly sworn/affirmed, state under oath:
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.

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

AFFIDAVIT REGARDING BIDDING OR PERFORMANCE OF WORK

I, ___________________________________________, being duly sworn/affirmed, states under oath:
that, he or she is _______________________________________ of _____________________________________________;
(Position Held)                                (Company Name, if Applicable)
the applicant named herein; 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:
1. Is not now a party on any contract for such work.
2. Does not have any outstanding work or any bid for such work.
3. Will not bid, contract or perform any such work until such time as the applicant is approved and a
license has been issued.

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

IF YOU DO NOT HAVE A LICENSE AND YOU HAVE BID OR CONTRACTED ANY WORK REQUIRING AN ARKANSAS
CONTRACTORS LICENSE, YOUR BID MUST BE WITHDRAWN OR YOUR CONTRACT VOIDED (PROOF MUST BE
SUBMITTED TO OUR OFFICE) BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

IF YOU HAVE ANY WORK IN PROGRESS THAT REQUIRES AN ARKANSAS CONTRACTORS LICENSE YOU MUST
COMPLETE THE FOLLOWING QUESTIONS BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.
List Project Name & Address:
____________________________________ ______
___________________________________ _______
____________________________________ ______
Date Project Started: _____________ ______
Date Project Completed: ____________ _____
Total Dollar Amount of Project: $ ____________

***The submission of an incomplete or false affidavit constitutes fraud or deceit in
obtaining a license and may result in the revocation of the license.***

This affidavit does not apply to bids offered to the Arkansas State Highway Department for work on Federal aid highway
projects.

Effective Date 9/2022(Commercial New App) 14.
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.

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

Revised 9/2022
$10,000 Surety Bond (Required by A.C.A. § 17-25-401)

Only an Arkansas Resident or an Arkansas Non-Resident insurance agency, agent, broker, producer, or surety (as a direct underwriter) that is currently licensed by the Arkansas Insurance Department can execute this surety bond.

Effective Date________
Bond Number________

STATE OF ARKANSAS
WHEREAS, under the terms of A.C.A. § 17-25-401, et. seq., every contractor described therein must file with the Contractors Licensing Board a corporate surety bond or cash bond to secure compliance with A.C.A § 17-25-401, et. seq.

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, we, the undersigned, as Principal and Surety (below), are held firmly bound to the State of Arkansas in the Sum of Ten Thousand Dollars ($10,000) for payment of which we bind ourselves, our heirs, assigns, executors and administrators, jointly and severally, conditioned that if the undersigned principal shall promptly pay any amount of money due as provided in A.C.A. § 17-25-401, et. seq., then this obligation shall be null and void; otherwise, it shall be in full force and effect.

The Surety reserves, however, the right to cancel the above bond on the giving of sixty (60) days written notice to the Principal and to the State of Arkansas (Contractors Licensing Board).

Principal’s Company Name and EIN (as applying for license)  Business Address & Phone#

Surety’s Name  Address and Phone#

Agents: Arkansas Insurance License must be attached along with Power of Attorney

Insurance Company Name or Agent (Exactly as it appears on the AR Insurance License)

Mailing Address & Phone#

**Signature of Agent/Broker/Producer**  Printed Name

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

Contractor: Bond 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

Revised 6/2022 16.
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 responsibility 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.

Revised 6/2022

ORDER FORM

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. You can also order by mailing a copy of this order form to the address below with credit card information.

NASCLA
23309 N. 17th Drive, Suite 110
Phoenix, Arizona 85027
Phone (623) 587-9354 Fax (623) 587-9625 or Online @ 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.

SHIP TO:

Name ____________________________________________________________
Company _________________________________________________________
Mailing Address _______________________________________________________________________________________
City __________________ State ________ Zip ____________________________
Telephone (____) ___________ - ________________ Fax (____) ______ - _____________________________
Email Address __________________________________________________________

METHOD OF PAYMENT (Due to possible added sales tax, checks are not accepted):
☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number ____________________________________________ Exp. Date _____ /______ CVC ________

Name on Card __________________________________ Signature ____________________________________________

PLEASE SEND:

______ Copy(ies) of the NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition Tabs Bundle Pak @ $87.99 $ ________

______ Copy(ies) of the NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition (book only) @ $78.00 $ ________

SHIPPING & HANDLING:

$ 15.95 USPS for one book ($6.00 for each additional book) $ ________

SALES TAX: Additional State Sales Tax Rates could apply.

TOTAL $ ________

Revised 6/2022
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>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTRACTORS LICENSE</td>
<td>(501) 372-4661 <a href="http://www.arkansas.gov/clb">www.arkansas.gov/clb</a></td>
</tr>
<tr>
<td>ONLINE DIRECTORY</td>
<td>(501) 682-3000 <a href="http://www.arkansas.gov/directory">www.arkansas.gov/directory</a></td>
</tr>
<tr>
<td>CORPORATE FRANCHISE TAX</td>
<td>Secretary of State (501)682-3409</td>
</tr>
<tr>
<td>INDIVIDUAL INCOME TAX</td>
<td>(501) 682-1100</td>
</tr>
<tr>
<td>CORPORATE INCOME TAX</td>
<td>(501) 682-4775</td>
</tr>
<tr>
<td>SALES &amp; USE TAXES</td>
<td>(501) 682-7104</td>
</tr>
<tr>
<td>UNEMPLOYMENT COMPENSATION</td>
<td>(501) 682-2121 or (855) 225-4440</td>
</tr>
<tr>
<td>WORKERS COMPENSATION</td>
<td>(501) 682-3930 or (800) 250-2511</td>
</tr>
<tr>
<td>LABOR STANDARDS DIVISION</td>
<td>(501) 682-4505</td>
</tr>
<tr>
<td><strong>ASBESTOS</strong></td>
<td>(501) 682-0744 <a href="http://www.adeq.state.ar.us">www.adeq.state.ar.us</a></td>
</tr>
<tr>
<td>**BOILER CONSTRUCTION &amp; REPAIR</td>
<td>(501) 682-4553 <a href="http://www.labor.arkansas.gov">www.labor.arkansas.gov</a></td>
</tr>
<tr>
<td><strong>ELECTRICAL</strong></td>
<td>(501) 682-4548 <a href="http://www.labor.arkansas.gov">www.labor.arkansas.gov</a></td>
</tr>
<tr>
<td><strong>ELEVATORS, ESCALATORS, DUMBWAITERS, CHAIRLIFTS</strong></td>
<td>(501) 682-4538 <a href="http://www.labor.arkansas.gov">www.labor.arkansas.gov</a></td>
</tr>
<tr>
<td><strong>GAS FITTER</strong></td>
<td>(501) 661-2642 <a href="http://www.healthy.arkansas.gov">www.healthy.arkansas.gov</a></td>
</tr>
<tr>
<td><strong>HVACR</strong></td>
<td>(501) 683-5475 <a href="http://www.labor.arkansas.gov">www.labor.arkansas.gov</a></td>
</tr>
<tr>
<td><strong>LANDSCAPING w/PLANTING</strong></td>
<td>(501) 225-1598 <a href="http://www.aad.arkansas.gov">www.aad.arkansas.gov</a></td>
</tr>
<tr>
<td><strong>LEAD ABATEMENT</strong></td>
<td>(501) 671-1472 <a href="http://www.healthy.arkansas.gov">www.healthy.arkansas.gov</a></td>
</tr>
<tr>
<td><strong>PLUMBING</strong></td>
<td>(501) 661-2642 <a href="http://www.healthy.arkansas.gov">www.healthy.arkansas.gov</a></td>
</tr>
<tr>
<td><strong>REFRIGERATION, COLD STORAGE</strong></td>
<td>(501) 682-9201 <a href="http://www.labor.arkansas.gov">www.labor.arkansas.gov</a></td>
</tr>
<tr>
<td><strong>SEPTIC TANK INSTALLATION &amp; REPAIR</strong></td>
<td>(870) 648-5446</td>
</tr>
<tr>
<td><strong>SHEET METAL, DUCTS, VENTILATION</strong></td>
<td>(501) 682-9201 <a href="http://www.labor.arkansas.gov">www.labor.arkansas.gov</a></td>
</tr>
<tr>
<td><strong>SIGNAL or BURGLAR ALARMS,</strong></td>
<td>(501) 618-8600 <a href="http://www.asp.arkansas.gov">www.asp.arkansas.gov</a></td>
</tr>
<tr>
<td><strong>FIRE DETECTION &amp; MONITORING SYSTEMS</strong></td>
<td>(501) 661-7903 <a href="http://www.arfireprotection.org">www.arfireprotection.org</a></td>
</tr>
<tr>
<td><strong>SPRINKLERS, FIRE PROTECTION</strong></td>
<td>(501) 682-0993 <a href="http://www.adeq.state.ar.us">www.adeq.state.ar.us</a></td>
</tr>
<tr>
<td><strong>UNDERGROUND STORAGE TANKS</strong></td>
<td>(501) 682-3900 <a href="http://www.awwcc.arkansas.gov">www.awwcc.arkansas.gov</a></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.

**Requires proof of appropriate certification/licensure before the Contractors Licensing Board will approve the classification(s). Performing any of the following type projects without the appropriate certificate/license from the agency in question may be in violation of that agency’s law. Performing any of these type projects without the specific classification from the Contractors Licensing Board may be in violation of the Contractors Licensing law.