
ARKANSAS CONTRACTORS LICENSING BOARD

Reciprocal Form Instructions

The State of Arkansas has entered into reciprocal agreements with the States of Tennessee, Mississippi, Alabama, and Louisiana in order to allow qualified contractors the ability to move from state to state in the least restrictive manner. This agreement does not minimize the ability of the State of Arkansas to investigate the applicant in any way. This agreement does not relieve the contractor of the responsibility of furnishing any necessary information to the Contractors Licensing Board State of Arkansas as required.

In order to consider reciprocity when submitting a NEW APPLICATION (go to “apply for a contractor license”) for a contractor license in the State of Arkansas, the following requirements must be met:

1. You **must complete and submit the New Application for a license along with this completed form IF** you meet one of the following.....
 - In **Alabama** you must have a valid contractor license for at least one (1) year.
 - In **Louisiana** you must have a valid contractor license.
 - In **Mississippi** you must have a valid contractor license for at least one (1) year.
 - In **Tennessee** you must have a valid contractor license for at least three (3) years.

We cannot accept forms that are notarized over 90 days from date received.

2. The applicant must show proof of licensure in that state by providing the completed Reciprocal Form. The Contractors Licensing Board State of Arkansas retains the authority to require all necessary information by an applicant to show cause for the issuance for a contractor license in this state.
3. The applicant must complete the *Reciprocal Form (top section)*, *sign, date, and then **send it to the verifying state to be completed by that state.** When the form is completed by both parties, send it to this office at:*

**Contractors Licensing Board
4100 Richards Road
North Little Rock, AR 72117
FAX# (501) 372-2247
Contractors.licensing.board@arkansas.gov**

4. *****You as the contractor are responsible to send the Reciprocal Form to the verifying state for that contractor licensing board to complete the bottom section. You are also responsible to get that completed form back to us. *****

****Those applicants applying for Plumbing, Electrical, HVACR or other classifications where a trade exam may be applicable will be required to meet all requirements of that agency involved.**

RECIPROCAL FORM

Arkansas Contractors Licensing Board

4100 Richards Road, North Little Rock, AR 72117 contractors.licensing.board@arkansas.gov

TO BE COMPLETED BY APPLICANT.....

1. Instructions to Applicant for Reciprocal: Insert your name and address and complete the top portion of this request. The verifying state can fax/email/mail the completed form to our office.

Company Name _____

Mailing address _____

City _____ State _____ Zip _____

I am requesting licensure in the State of Arkansas as a licensed contractor. I have been licensed in the State of _____ under the following:

Company Name: _____

Company EIN: _____ License# _____

Business & Law Qualifier Name: _____

SS# _____

2. Although I am not required to pass an Arkansas Business and Law Examination before becoming licensed in the State of Arkansas, I recognize that I am not exempted from the Laws of the State of Arkansas and its agencies, including the Department of Finance and Administration, Employment Security Division, Workers Compensation, and all other applicable agencies.

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

BELOW TO BE COMPLETED BY VERIFYING STATE.....

****Verifying State - Please furnish the information requested. Sign and verify the document.**

It is hereby verified that (company name) _____ was first licensed on ____/____/____, by the State of _____ as follows:

License# _____ Current License Status _____

Classification(s) / Specialty(s): (List or attach copy of license)

Business & Law Score (check one):

_____ Waiver (explain) _____

_____ Exam: Name of Qualifier _____ SS# _____

Exam Score _____

Any Disciplinary Action(s): ___yes ___no (If yes, please attach details)

Signature of Person Filling Out Form: _____

Date Signed: _____

Agency: _____ Phone: _____

State/Agency

Seal/Stamp

Here