State of Arkansas
CONTRACTORS LICENSING BOARD

Residential Remodeler
New Application

$50.00 Filing Fee - 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

PLEASE READ THE INSTRUCTIONS (pages 3 & 4) BEFORE COMPLETING THE APPLICATION

Effective Date 6/2022 (Resid Remodeler New App)
You can apply for a Limited license or an Unlimited license.

With a **Limited license** you can **ONLY** do residential home improvement projects that are less than $50,000, including, but not limited to, labor and material.

With an **Unlimited license** you can do residential home improvement projects of any size.

Please ✓ the box for the license being applied for:

- **Limited License**
  (Limited license means you can **ONLY** do residential home improvement projects that are less than $50,000 including, but not limited to, labor and material.  
  See page 3 for instructions)

- **Unlimited License**
  (Unlimited license means you can do residential home improvement projects of any size.  
  See page 4 for instructions)
Limited Residential Remodeler
Instructions/Checklist

The completed application must be in this office three (3) weeks prior to a committee 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 and filing fee, etc. will be required.

If applying for a Commercial or Residential Builders contractor license: STOP HERE!!
Download the Commercial New Application or the Residential Builders New Application and follow the instructions. The web address is: www.arkansas.gov/clb.

1. Complete the Application- Pages 2, 5, 9, 10 (if applicable), 11, and 12.

2. $50.00 filing fee made payable to the Contractors Licensing Board. (NON-REFUNDABLE / NON-TRANSFERABLE)

3. Three (3) references on forms provided (pages 6, 7, and 8). The references should not be from a supplier or banker unless they have observed your work and can describe it. The references must show two (2) years appropriate experience in construction. The experience must justify the issuance of a Residential Remodeler’s license. 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. Copy of the Arkansas Business and Law passing test score. Please refer to page 13 & 14 for more information about the test. The license can be approved but not released without this passing test score unless the same entity currently has a lower-class license.

5. If applying as a Corporation, LLC, LP, or LLP, attach a copy of the Articles/Filings from the 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.

Effective Date 6/2022 (Resid Remodeler New App)
UNLIMITED
RESIDENTIAL REMODELER
Instructions/Checklist

The completed application must be in this office three (3) weeks prior to a committee 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 and filing fee, etc. will be required.

If applying for a Commercial or Residential Builders contractor license: STOP HERE!! Download the Commercial New Application or the Residential Builders New Application and follow the instructions. The web address is: www.arkansas.gov/clb

1. Complete the Application- Pages 2, 5, 9, 10 (if applicable), 11, and 12.

2. $50.00 filing fee made payable to the Contractors Licensing Board. (NON-REFUNDABLE / NON-TRANSFERABLE)

3. Three (3) references on forms provided (pages 6, 7, and 8). The references should not be from a supplier or banker unless they have observed your work and can describe it. The references must show two (2) years appropriate experience in construction. The experience must justify the issuance of a Residential Remodeler's license. 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. Copy of the Arkansas Business and Law passing test score. Please refer to page 13 & 14 for more information about the test. The license can be approved but not released without this passing test score unless the same entity currently has a lower-class license.

5. CURRENT compiled balance sheet less than one (1) year old. DO NOT SEND INCOME STATEMENTS. A blank balance sheet can be printed off at www.arkansas.gov/clb; Forms; Balance Sheet. The balance sheet must be in the name of the applicant obtaining the license. Only Sole Proprietorships can submit a personal balance sheet, excluding your personal residence and any retirement accounts includes stocks and bonds and cash value of life insurance. All balance sheet statements must show POSITIVE NET WORTH. A Schedule L from your corporation tax return may also be used. (No other tax forms will be accepted other than the Schedule L).

6. 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.

7. If the applicant has one or more employees: You must have Worker’s Compensation insurance coverage. Provide us with a current certificate of insurance verifying Worker’s Compensation insurance coverage. The license can be approved but not released without this Worker’s Compensation insurance certificate unless the same entity currently has a lower-class license.

Effective Date 6/2022 (Resid Remodeler New App)
Filing Fee: $__________ ID#: __________
Type of License: [ ] Limited [ ] Unlimited

RESIDENTIAL REMODELER
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, list Fictitious Name / D/B/A Name:
_________________________________________________________

List the Federal ID# / EIN _________________________________

Mailing Address __________________________________________ City __________________________
State __________ Zip Code _____________ County/Parish ____________________________

Company Phone ______________________ Fax ______________

E-mail Address __________________________________________

Name and Phone # for person to Contact with any Questions regarding this application request:
____________________________________________________________________________

Complete the following with information for 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

Effective Date 6/2022 (Resid Remodeler New App) 5.
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._____________________________

Effective Date 6/2022 (Resid Remodeler 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

____________________________________________

__ ____________________

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._____________________________

Effective Date 6/2022 (Resid Remodeler 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)

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. ________________________

Effective Date 6/2022 (Resid Remodeler New App) 8.
APPLICANT INFORMATION

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 6, 7 and 8 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 DISQUALITY 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 10) 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.**

Effective Date 6/2022 (Resid Remodeler New App) 9.
**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 so, which one?: ______________

________________________________________________________________________________________

________________________________________________________________________________________

10. Written explanation as to what occurred: __________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Effective Date 6/2022 (Resid Remodeler New App)
Corporation, LLC Partnership, LP, LLP, or Sole Proprietorship Data

If applying as a Sole Proprietorship, list full name (w/ middle initial):

Individual ______________________________ SSN ______________________

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/crb. 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 full name (w/ middle initial) of the following:

President _____________________________________ SSN __________________________
Vice-President_________________________________ SSN __________________________
Secretary _____________________________________ SSN __________________________
Treasurer _____________________________________ SSN __________________________

FOR ALL:

List anyone who owns 10% or more interest in the entity requesting a license.

- If an individual, please print the full legal name and their SSN.
- If a corporation or LLC, please list the legal company/LLC name and the Federal ID#.

Name____________________________________ SSN_______ _________________
Name____________________________________ SSN ______ _________________
Name____________________________________ SSN ______ _________________
Name____________________________________ SSN ______ _________________
Name____________________________________ SSN ______ _________________
Name____________________________________ SSN_______ _________________
Name____________________________________ SSN ______ _________________
Name____________________________________ SSN ______ _________________

Effective Date 6/2022 (Resid Remodeler New App) 11.
AFFIDAVIT FOR COMPANY

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

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

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

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 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)

Effective Date 6/2022 (Resid Remodeler New App) 12.
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 responsible 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.

Effective Date 6/2022 (Resid Remodeler New App)
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 $_______

Effective Date 6/2022 (Resid Remodeler New App) 14.
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.

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

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.

Effective Date 6/2022 (Resid Remodeler New App)