Temporary Commercial Licensing Application

State of Arkansas Contractors Licensing Board

Application Fees are Non-Refundable/Non-Transferable

CONTRACTORS LICENSING BOARD
4100 RICHARDS ROAD
NORTH LITTLE ROCK, ARKANSAS 72117
Main Phone# (501) 372-4661 / Fax# (501) 372-2247 / Email: contractors.licensing.board@arkansas.gov
Web Site: www.arkansas.gov/clb

A temporary license will only be valid for 90 days once issued and CANNOT be reapplied for, renewed, or reinstated.
This temporary license will allow applicants 90 days from the date of issuance to be issued a new/renewable contractor license. (See the Commercial New Application)
Under the temporary license the job must be completed within the 90 days from the date of issuance or a contractor license that will be renewable must be valid. (See the Commercial New Application)

The following must be submitted together to apply for this temporary license:

1. Copy of current STATE contractor license(s) from another state or 3 completed reference forms (see attached reference forms on pages 4, 5, and 6) showing experience in the classification(s) requested. Reference forms must be signed within 90 days of date new application received in our office.
2. $100 Filing Fee (check or money order only – payable to Contractors Licensing Board)
3. Complete Questions 1-7 on page 2.
4. Complete page 3. (See boxed section regarding Arkansas Trade License/Certificate that must be obtained before applying for the Arkansas temporary contractor license.)
5. Complete and sign the Affidavit on page 7.
6. Required financial statement. (See Financial Requirements below)
7. Fully executed $10,000.00 Contractor’s Bond, that must be in Principal Name & EIN. (See pages 8 & 9)
8. If applying other than an individual, remit a copy of your entity’s Secretary of State information showing that the company is currently registered. If applying with a d/b/a, also remit a copy of that registration.

Financial Requirements –

To apply for a RESTRICTED Commercial License, (projects that are less than $750,000 including, but not limited to, labor and materials), remit a Compiled financial statement from a CPA (CPA cannot be an in-house CPA) that is less than a year old. The financial statement must include the CPA’s report letter and the balance sheet prepared in accordance with GAAP or Income Tax Basis (Accrual Method). Refer to Rules Act 150 (224-25-6). One half (1/2) of the net worth requirement for the classification(s) requested must be CASH in the bank and cannot be a stockholder note to the company or receivables.

To apply for an Unrestricted Commercial License, (projects of any size), remit a Reviewed or Audited financial statement from a CPA (CPA cannot be an in-house CPA) that is less than a year old. The financial statement must include the CPA’s audited opinion letter or review report page, balance sheet prepared in accordance with GAAP or Income Tax Basis (Accrual Method), and the notes to the balance sheet. Refer to Rules Act 150 (224-25-6). One half (1/2) of the net worth requirement for the classification(s) requested must be CASH in the bank and cannot be a stockholder note to the company or receivables.

OR

To apply for an Unrestricted Commercial License, 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.
1. List Corporation Name, LLC Name, Partnership Name, LP Name, LLP Name, or Sole Proprietorship Name as applying for license (If using an out of state license, Name must be exactly as it reads on the out of state contractor license)

______________________________________________________________________

2. IF applicable - Doing Business As (D/B/A) or Fictitious Name (If using an out of state license, Name must be exactly as it reads on the out of state contractor license)

______________________________________________________________________

3. EIN/Federal ID#: __________________________

4. Mailing Address: __________________________________________________________
   City: __________________________  State: _____  Zip Code: ______________

5. Contact Information:
   Company Phone# ___________________________
   Fax# ______________________________________
   Company Email Address ________________________________
   Contact Person _____________________________________

6. Below complete Information: (Please be sure to put middle initial in names)

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

Individual ________________________________ SSN __________________________

List anyone/corporation that owns 10% or more interest in the entity requesting a license:
  • If an individual or partnership, please print full legal individual name and their SSN.
  • If a Corporation or LLC, please list the legal entity name and EIN.

Name: ____________________________________  SSN or EIN:_______________________
Name: ____________________________________  SSN or EIN:_______________________
Name: ____________________________________  SSN or EIN:_______________________
Name: ____________________________________  SSN or EIN:_______________________
Name: ____________________________________  SSN or EIN:_______________________
Name: ____________________________________  SSN or EIN:_______________________

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.

(Please put middle initial in names):
President: ____________________________________  SSN:_______________________
Vice-President: ________________________________  SSN:_______________________
Secretary: ____________________________________  SSN:_______________________
Treasurer: ____________________________________  SSN:_______________________

Effective Date 6/2022 (Temp Comm App)
List the type of work you propose to perform as a License Contractor in the State of Arkansas (BE SPECIFIC). Understand that if applying for any classification that requires an Arkansas Trade License/Certificate then that trade license must be obtained first before a Temporary Contractor License can be issued (see box below for phone numbers to the Arkansas Trade/Certificate Boards).

If any of the following specialty classifications 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 (501-682-4548)
4. Elevator, Escalators, Dumbwaiters, Chairlifts (501-682-4538)
5. Gas Fitter (501-661-2642)
6. HVACR (501-683-5475)
7. Landscaping with planting (501-225-1598)
8. Lead Abatement (501-671-1472)
9. Plumbing (501-661-2642)
10. Refrigeration, Cold Storage (501-682-9201)
11. Septic Tank Installation & Repair (501-648-5446)
12. Sheet Metal, Ducts, Ventilation (501-682-9201)
15. Underground Storage Tanks (501-682-0993)
16. Water Wells (501-682-3900)

Complete the following section for each person that holds an Arkansas trade license/certificate (if more than one then make a copy of this form for each person).

Name: ___________________________ Social Security #: ___________________________

How long has this individual been with this company? ___________

Position they hold with is company, check one: _____ Sole Owner
                                              _____ Full Time Paid Employee
                                              _____ Officer, member, or partner of this company
                                              and is actively involved in the day to day operations of this company

Effective Date 6/2022 (Temp Comm 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.________________________________________
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
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   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)
   _______________________________________________________________________________________
   _______________________________________________________________________________________

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   project(s), dollar amount of the project(s), square feet of the project(s), and approximate date of the project(s).
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

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   _______________________________________________________________________________________
   _______________________________________________________________________________________

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 (Temp Comm 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) |
|____________________________________________________________________|
|____________________________________________________________________|

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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 6/2022 (Temp Comm App)
AFFIDAVIT

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

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

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 Proprietorship)

Effective Date 6/2022 (Temp Comm App)
Instructions for Arkansas’
$10,000 “SURETY” Bond

All **Commercial Contractors and Commercial 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 the 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 left line and indicate that you are 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.

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Bond and the Power of Attorney may be mailed, faxed, or emailed to the Board for processing:

**Email:** contractors.licensing.board@arkansas.gov

**Fax#:** 501-372-2247

**Address:** Contractors Licensing Board, 4100 Richards Rd, North Little Rock, AR 72117

For questions regarding this bond, contact our office at 501-372-4661 or by email at contractors.licensing.board@arkansas.gov

Revised 6/2022
$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:
Email: contractors.licensing.board@arkansas.gov
Fax#: 501-372-2247
Address: Contractors Licensing Board, 4100 Richards Road, North Little Rock, AR, 72117

Revised 6/2022