

AMENDED CLASS REQUEST

ONLY FOR A COMMERCIAL LICENSEE ADDING – RESIDENTIAL BUILDER

INSTRUCTIONS

*****This request will not be considered, unless the amended class application / affidavit (page 1), and (3) references are returned. ***This request will only be valid for 90 days once received in our office. *****

1. AMENDED CLASS APPLICATION / AFFIDAVIT - Page 1

Read, complete, sign, and have notarized (including notary seal).

2. REFERENCE INFORMATION – (3 Attached)

- a. **Relatives or other people associated with the licensed entity can NOT complete references.**
- b. **Make sure the reference sheets are completed and returned with the amended class application, showing four (4) years of verifiable experience in the class being requested.**

3. NO FEE REQUIRED WITH THIS REQUEST.

Examples:

To obtain the Residential Builders class, the Residential Contractors Committee is looking for references showing (4) years experience in home building construction from the ground up. Otherwise, submitting complete residential room additions and/or larger remodeling jobs could possibly qualify for Residential Builder, but these types of references are **NOT** preferred.

The experience does not have to be consecutive years as long as four (4) years experience can be clearly shown overall. The contact person listed on the reference forms will need to be available between the hours of 8:00 a.m. and 4:00 p.m. Please make sure the correct phone number is listed.

DEFINITIONS:

Qualifying individual: A W-2 employee (not an officer/owner) of the licensed entity; **attach a copy of the employees W-4, if this said person has the experience for this entity.**

Qualifier: A person that has passed the appropriate trade examination. To act as a “Qualifying Party” a person must be either; (1) a sole owner; (2) a partner of the partnership; (3) an officer of the corporation who is actively engaged in the day to day activities of the licensed entity; (4) a member of the Limited Liability Company who is actively engaged in the day to day activities of the licensed entity; (5) a partner of the limited Liability Partnership who is actively engaged in the day to day activities of the licensed entity; or (6) a full time employee of the licensed entity.

Full Time Employee: A person who is an actual employee of the business, not an independent contractor. The person must work, on average, 30 or more hours a week for the licensed entity (1500 hours per year), must not be paid as an independent contractor (not receive a “1099” for his earnings but receive a “W-2” for his earnings). A full time employee is not someone who is hired “job to job” as needed. Other factors to be considered in making this determination include, but are not limited to, whether the licensed entity pays for workman’s compensation insurance on the individual, whether the licensed entity pays payroll taxes on the individual, the amount of control the licensed entity has over the activities of the individual, the ownership of the tools used by the individual and, whether the individual maintains his own business separate from the licensed entity in question.

AMENDED CLASS APPLICATION
ONLY FOR A COMMERCIAL CONTRACTOR –
ADDING RESIDENTIAL BUILDER

ID# _____
(Found in the upper right
hand corner of your license.)

New Application
State of Arkansas
CONTRACTORS LICENSING BOARD
4100 Richards Road
North Little Rock, Arkansas 72117
Main Phone (501) 372-4661 / Fax (501) 372-2247

NO FEE REQUIRED!!

Use The Name Issued on the Contractors License:

Licensed Entity Name: _____
License #: _____
Person completing this form:
Print Name: _____
Phone Number: _____

REQUESTED CLASSIFICATION: Residential Builder

Complete the affidavit below, have signed and notarized:

AFFIDAVIT

___ Yes ___ No Has the licensed entity bid, contracted, or performed any work that would require an Arkansas Contractors License with regards to the request of this amendment form ? If yes, attach details separately (List projects, address, date started and dollar amount).

I _____, being duly sworn, deposes and says:
(Print name of Owner/Officer/Partner/Member)

That the foregoing statement of experience and all statements herein contained are true and correct and shall become a part of the present valid application on file. That the foregoing statement is submitted to the Contractors Licensing Board and/or Residential Contractors Committee for the purpose of amending the present valid license and that any depository, vendor or other agency herein named is hereby authorized to supply the Contractors Licensing Board and/or Residential Contractors Committee with any information necessary to verify these statements.

Signature of Owner/Officer/Partner/Member

Contractors Licensing Board
4100 RICHARDS ROAD
NORTH LITTLE ROCK, ARKANSAS 72117
Main Phone 501-372-4661 (FAX 501-372-2247)

RESIDENTIAL REFERENCE INFORMATION

(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 or affiliated to 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 individual or company been performing the type of work listed in this reference?
4. List the kinds of work this company or individual has completed that you are aware of. If New Construction, Addition to Existing Structure, Etc. (be specific)

5. List any projects this company or individual has completed of which you have first hand knowledge: If New Construction, Addition to Existing Structure, Etc. (be specific- list the name of project(s), dollar amount and sq. ft. if applicable, and date that the project(s) was done).

6. Yes ___ No ___ Has this company or individual ever failed to complete a project or job that you are aware of? 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 individual or company to be a licensed contractor? If the answer is no, why?

9. Yes ___ No ___ Has this individual or company ever failed to pay for materials, employees or subcontractors that you are aware of? If yes, give details:

By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.

Reference givers name & address: (Print)

Signature _____

Date _____

Phone No. _____

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