

# State of Arkansas CONTRACTORS LICENSING BOARD



## Residential Builders New Application

**\$100.00 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  
Web Site: [www.arkansas.gov/clb](http://www.arkansas.gov/clb)

**PLEASE READ THE INSTRUCTIONS (page 2)  
BEFORE COMPLETING THE APPLICATION**

# RESIDENTIAL BUILDERS

## 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](http://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.

1. If you already have a current Commercial license and want to add Residential Builder... **STOP!!!** Complete the [Commercial Licensee Adding Residential Builder](#) form from our website.
2. Complete the Application- Pages 3, 7, 8 (if applicable), 9, and 10.
3. \$100.00 filing fee made payable to the Contractors Licensing Board. (**FEES ARE NON-REFUNDABLE / NON-TRANSFERABLE**)
4. Three (3) references on forms provided (pages 4, 5, and 6). The references should not be from a supplier or banker unless they have observed your work and can describe it. **The references must show four (4) years appropriate experience in construction. The experience must justify the issuance of a Residential Home Builder'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.**
5. Copy of the Arkansas Business and Law passing test score. Please refer to page 11 & 12 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 license with our office.**
6. **CURRENT** compiled balance sheet less than one (1) year old. **A blank balance sheet can be printed off at [www.arkansas.gov/clb](http://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 and the balance sheet **must exclude** your personal residence and 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). DO NOT SEND INCOME STATEMENTS.**
7. 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.
8. **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.**

**Do not write in this space - CLB OFFICAL USE ONLY**

Filing Fee: \$ \_\_\_\_\_

ID#: \_\_\_\_\_

# Residential Builders New Application

**PRINT NAME OF COMPANY OR NAME (IF APPLYING AS A SOLE PROPRIORSHIP) 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: \_\_\_\_\_

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:

\_\_\_\_\_

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## 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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## REFERENCE

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*(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

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  3. \_\_\_\_\_ To your personal knowledge, how long has the company or individual been performing the type of work listed in this reference?
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\_\_\_\_\_  
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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. \_\_\_\_\_

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## REFERENCE

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APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)

THE PURPOSE OF THIS FORM IS TO VERIFY  
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
1. Yes \_\_\_ No \_\_\_ Are you related to or affiliated with the owners of the company or any of the employees?  
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\_\_\_\_\_  
\_\_\_\_\_
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_
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\_\_\_\_\_  
\_\_\_\_\_
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\_\_\_\_\_  
\_\_\_\_\_

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Name & Address of Person giving this reference: (Print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone No. \_\_\_\_\_

# **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 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?

**Answering yes to any of the following questions WILL NOT AUTOMATICALLY DISQUALIFY you for a contractor license.**

- Yes\_\_\_ No\_\_\_ 7. 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\_\_\_ 8. 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\_\_\_ 9. 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 8) for each offense.**
- Yes\_\_\_ No\_\_\_ 10. 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\_\_\_ 11. 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\_\_\_ 12. 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.**

## **ONLY COMPLETE THE FOLLOWING QUESTIONS IF APPLYING AS A SOLE PROPRIETORSHIP**

- Yes\_\_\_ No\_\_\_ 13. Are you on Active Duty in the United States Military?
- Yes\_\_\_ No\_\_\_ 14. Is your spouse on Active Duty in the United States Military?
- Yes\_\_\_ No\_\_\_ 15. Are you a former member of the United States Military who has NOT been dishonorably discharged?
- Yes\_\_\_ No\_\_\_ 16. Is your spouse a former member of the United States Military who has NOT been dishonorably discharged?
- Yes\_\_\_ No\_\_\_ 17. If you answered yes to questions 13, 14, 15, or 16, do you hold a **current state contractor license** (not a registration) 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 4, 5 and 6 of this application) to obtain a license with same classification as you have in the other State.

Complete this form **ONLY** if **YES** was answered to question #9 on page 7.....

## **Criminal Background Information**

State of Arkansas Contractors Licensing Board

**IN CASE 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Corporation, LLC, Partnership, LP, LLP, or Sole Proprietorship Data

## Sole Proprietorship Data:

Please list full name (w/ middle initial) of the following:

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/club](http://www.arkansas.gov/club). 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.

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Date the Company registered with the Arkansas Secretary of State's office (501-682-3409): \_\_\_\_\_

## Corporation Data:

Please list full name (w/ middle initial) of the following:

President \_\_\_\_\_ SSN \_\_\_\_\_  
Vice-President \_\_\_\_\_ SSN \_\_\_\_\_  
Secretary \_\_\_\_\_ SSN \_\_\_\_\_  
Treasurer \_\_\_\_\_ SSN \_\_\_\_\_

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## FOR ALL: For Corporation, LLC, Partnership, LP, or LLP:

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

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

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Name \_\_\_\_\_ SSN \_\_\_\_\_  
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Name \_\_\_\_\_ SSN \_\_\_\_\_  
Name \_\_\_\_\_ SSN \_\_\_\_\_

# AFFIDAVIT

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 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. Further, 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 is not now a party on any contract for such work, does not have any outstanding work or any bid for such work, will not bid, contract or perform any such work until such time as the applicant is approved and a license has been issued. Any exceptions to this affidavit are attached hereto.

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

# 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 02/2024 (Resid Bldr New App)

11.



**NASCLA CONTRACTORS GUIDE TO BUSINESS, LAW AND PROJECT MANAGEMENT, ARKANSAS EDITION  
ORDER FORM**

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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](http://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. 17<sup>th</sup> Drive, Suite 110  
Phoenix, Arizona 85027  
Phone (623) 587-9354 Fax (623) 587-9625 or  
Online @ [www.nascla.org](http://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 <i>NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition Tabs Bundle Pak</i> @ \$87.99	\$ _____
_____	Copy(ies) of the <i>NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition (book only)</i> @ \$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 02/2024 (Resid Bldr New App)**

**12.**