

State of Arkansas Contractors Licensing Board

AMENDED CLASS REQUEST ADDING NEW Subcontractor Registration CLASSIFICATION(S) / SPECIALTY(S) INSTRUCTIONS

This application **will not be considered, unless** the \$100.00 filing fee (NON-refundable), amended class form, and affidavit are returned, as well as any copies of required trade license(s) / certification(s) as described below. This application will only be valid for 90 days once received in our office. After 90 days another fee, form, etc. will be required. **(Any form signed over 90 days cannot be accepted.)**

NOTE: If requesting any of the classes listed below, the appropriate Arkansas trade license / certificate from the approved entity (see the boxed section on the enclosed page 4 for more information on where to call to obtain needed trade license/certificate) **MUST** be in place before requesting these classes. We **must** also have a copy of that trade license / certificate before we can process an application for any of these classes.

Example: Boiler Construction & Repair requires a Boiler Construction License from the Arkansas Department of Labor.

The following classifications require an Arkansas Trade license/certificate (see boxed area page 4 for detailed list)

HVACR	Plumbing	Electrical
Boiler Construction	Boiler Repair	Asbestos
Lead Abatement	Elevators	Fire Sprinklers
Underground Storage Tanks	Fire & Burglar Alarms	Water Wells
Septic Tanks		

- 1. FILING FEE – \$100.00 filing fee is required. Fees are non-refundable. Send money order or check made out to CLB or Contractors Licensing Board with this application.**
- 2. AMENDED CLASS APPLICATION including AFFIDAVIT – Page 2
Read, complete, and sign**
- 3. CLASSIFICATION SELECTION – page 3 & 4 – Circle any all classifications you wish to have on your Subcontractor Registration. You must provide a trade license for any classification marked with an ****

DEFINITIONS:

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 who is actively engaged in the day to day activities of the licensed entity; (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 paid 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 -
Sub-Contractor Registration - New Application**

State of Arkansas
CONTRACTORS LICENSING BOARD
4100 Richards Road
North Little Rock, Arkansas 72117
Phone (501) 372-4661

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

FILING FEE:\$ _____

Use The Name Issued on the Contractors License:

Licensed Entity Name:	Registration #
Name & Phone # of person completing this form:	

1. REQUESTED CLASSIFICATION:
Please circle those classifications being requested on page 4 and 5 attached
2. Answer the following question by checking Yes or No in the space provided

<input type="checkbox"/> Yes <input type="checkbox"/> 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 ? <u>If yes, attach details separately (List projects, address, date started, and dollar amount).</u>
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3. Complete and sign the below affidavit

AFFIDAVIT

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

CLASSIFICATIONS

Please circle the specialty classification(s) being requested.

By circling a classification, the applicant certifies that it has the proper education, experience, training, skills and financial ability to perform the type of work for which it is registering.

**Classification(s) marked with ** require an Arkansas Trade License or Certification.
If adding a class that requires a trade license you will need to complete pages 5 & 6 for the qualifying individual, you wish to have listed.**

- Above Ground Tanks
- ** Asbestos
 - Awnings, Canopies & Gutters
 - Base & Paving
 - a. Base Construction
 - b. Hot & Cold Mixes
 - c. Surface Treatment
 - d. Asphalt
 - e. Concrete Paving
 - Blinds, Curtains, Draperies, Theatrical
 - Boat Docks
- ** Boiler Construction & Repair
- Bulk Storage Facilities
- Cable Television Lines (Above & Below Ground)
- Car Washes
- Carpentry, Framing, Millwork, Cabinets
- Ceilings, Wall Systems, Acoustical Treatments
- Chemical Resistant Tile & Brick
- Chimneys, Fireplaces
- Cofferdams, Dikes, Levees, Canals
- Communication, Computer or Sound Systems, Cabling
- Concrete
- Control Systems & Instrumentation
- Conveyors, Material Handling Systems, Cranes, Hoists
- Cooling Towers
- Demolition, Blasting
- Dredging
- Drywall
- ** Electrical
- Electrical Transmission Lines
- ** Elevators, Escalators, Dumbwaiters, Chairlifts
- Energy & Chemical Pipelines
- Energy Management, Retrofit Systems
- Environmental General
- Erosion Control
- ** Factory Trained Medical Equipment Technician ("exemption" from Electrical Board required)
- Fencing, Gates
- Fiberglass
- Fireproofing
- Floors, Floor Covering
- Foundation Construction or Drilling, Pile Driving, Stabilization
- Furnaces, Fuel Burning or Heat Transfer Equipment, Stokers, Refractories
- Furniture, Recreational and/or Playground Equipment, Bleachers, Seating, Partitions
- ** Gas Fitter
- Generators, Turbines
- Glass, Glazing, Doors, Windows, Hardware, Storefront
- Golf Cart & Foot Bridges & Paths
- Golf Courses
- Grain Bins
- Greenhouses
- ** Heating, Ventilation, Air Conditioning, Refrigeration
- HRA Miscellaneous & Specialty Items
 - a. Traffic Safety
 - 1. Pavement Markers
 - 2. Signaling
 - 3. Guardrails & Fencing
 - 4. Attenuators, Signalization & Roadway Lighting
 - b. Landscaping
 - 1. Seeding
 - 2. Sodding
 - 3. Planting
 - 4. Chemical weed & brush control
 - c. Pavement Rehabilitation
 - 1. Pressure grouting
 - 2. Grinding & grooving
 - 3. Concrete joints
 - 4. Underdrains
 - d. Miscellaneous Concrete
 - 1. Sidewalks
 - 2. Driveways
 - 3. Curb & gutter
 - 4. Box culverts
- Hydraulics
- Incinerator & Stack Construction
- Indoor/Outdoor Advertising
- Institutional & Kitchen Equipment
- Insulation
- Interior Work
- Kilns, Drying Systems
- Landfills
- Landscaping, Irrigation, Lawn Sprinkler Systems, Streams
- ** Landscaping with Planting
- Lathe, Plaster, Stucco, Dryvit, EIFS
- ** Lead Abatement
- Lift Stations, Pumps
- Lightning Protection
- Liners
- Marine Docks
- Masonry
- Mausoleums
- Medical Shielded Enclosures
- Metal Buildings, Detached Structures, Storage Buildings
- Metal Studs, Walls
- Meter Installation & Service
- Microwave Systems, Towers, Satellite Dishes
- Millwright
- Oil & Gas Field Construction, Rigging
- Overhead Doors & Dock Equipment
- Paint Booths

Complete the following pages ONLY if you are requesting a classification that requires a Trade license. Marked by ** in the list above

**Arkansas Contractors Licensing Board
4100 Richards Rd.
North Little Rock, AR 72117
Fax - 501-372-2247**

ID# _____

QUALIFYING PARTY: _____, SS# _____
(person taking test or trade license holder)

I, _____ being duly sworn, do hereby certify that the above name
(Owner, Member, or Officer of Company) listed as a qualifying party is:

1. Employment Status of Qualifying party (check (✓) one of the following)
____ Full time paid employee (with W-2 income)
____ Owner, Member, or Officer of the company (actively involved in the day to day operations)

2. Answer the following questions pertaining to the qualifying party by checking yes or no

Yes____ No____ Has the above listed qualifier filed bankruptcy or were a part of any other organization that filed bankruptcy within the last ten (10) years? **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____ Has the above listed qualifier ever been convicted of a felony? **If yes, you will need to fill out the criminal history form. (attached) One form for each offense.**

Yes____ No____ Does the above listed qualifier required to register on the sex offender registry in this state or any other state? **If yes, you will need to fill out the criminal history form. (attached) One form for each offense.**

Yes____ No____ Does the above listed qualifier have any outstanding liens, judgments, or pending litigation? **If yes, attach separately details and a written explanation.**

and do further understand and agree should this person's employment terminate, the licensed entity would notify the Contractors Licensing Board in writing within fifteen (15) business days and have another party qualified within thirty (30) days. If proper documentation is not received in our office within thirty (30) days from termination date of employment, the license shall become invalid, unless a written request for more time to requalify is received in this office.

Company Name: _____

Signature: _____ Date: _____
(Owner, Member or Officer)

Contact Phone Number: _____

Company Data

***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. 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.

This page MUST be completed in FULL

OFFICERS

List ANY/ALL officers with Full names and complete social security numbers of ALL individuals:

<i>President</i> _____	SSN _____
<i>Vice-President</i> _____	SSN _____
<i>Secretary</i> _____	SSN _____
<i>Treasurer</i> _____	SSN _____

OWNERS

List ANY/ALL individuals who own 10% or more of the company that is applying for a registration. List Full names and complete social security numbers of ALL Individuals:

Name _____	SSN _____
Name _____	SSN _____
Name _____	SSN _____
Name _____	SSN _____
Name _____	SSN _____
Name _____	SSN _____
Name _____	SSN _____
Name _____	SSN _____
Name _____	SSN _____
Name _____	SSN _____

Complete this form ONLY if you answered yes to question # 2 on page 5 regarding felonies or sex offender

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 yes, which one? _____

10. Written explanation as to what occurred: _____

