

UPGRADE LICENSE REQUEST

IMPORTANT INFORMATION ABOUT UPGRADE FORM

This form can NOT be used to obtain a NEW license for the first time such as a Commercial license, Residential Builders license, Residential Remodelers license, or Home Improvement - Specialty license, the new application must be completed, which can be found at www.arkansas.gov/clb under “Apply for Contractors License”.

- If it's time to renew the license, please renew at Arkansas.gov/clb. Go to renew a license, enter the License # (first 6 numbers including any 0's), the ID# (in the upper right corner of the license). Mail the additional documents below to the Boards address at the top of this form.

***Fees are non-refundable. Send money order or check made out to CLB or Contractors Licensing Board with this application. ***

MAIL UPGRADE FORM, FEE AND ANY ADDITIONAL DOCUMENTS NEEDED
TO:

Arkansas Contractors Licensing Board
4100 Richards Road
North Little Rock, AR 72117
Phone 501-372-4661

Please contact our office at 501-372-4661 with any questions regarding this form.

ARKANSAS CONTRACTORS LICENSING BOARD UPGRADE REQUEST FORM

Licensed Entity Name & License #, as it appears on license:

Name: _____ License # _____

Contact for questions regarding this request:

Print Name: _____ Phone: _____

Does the licensed entity have employees? _____ Yes _____ No

Please upgrade the current license:

From: (*current license type*)

_____ **Limited** - Home Improvement (w/ current specialties)

_____ **Unlimited** - Home Improvement (w/ current specialties)

_____ **Residential Builder**

_____ **Restricted Commercial** (*Restricted - projects less than \$1,500,000*)

To: (*as previously licensed*)

_____ **Unlimited** - Home Improvement (*w/ current specialties*) ***A \$50.00 filing fee, balance sheet & proof of workers comp insurance (if any employees) must be submitted with this form. ***

_____ **Residential Builder** (*as previously licensed*) ***A \$100.00 filing fee, balance sheet & proof of workers comp insurance (if any employees) must be submitted with this form. ***

_____ **Restricted Commercial** (*Restricted - projects less than \$1,500,000*) ***A \$100.00 filing fee, CPA prepared compiled financial statement, current \$10,000 surety bond, proof of workers comp insurance (if 1 or more employees) must be submitted with this form. ***

_____ **Regular Commercial** (*Projects of any size*) ***A \$100.00 filing fee, CPA prepared reviewed or audited financial statement, current \$10,000 surety bond, proof of workers comp insurance (if any employees) must be submitted with this form. ***

*By signing this, I understand that I **cannot** do work outside the classification(s) OR specialty(s) listed on the license. *** **I also understand that if all the requested information is not submitted with this application, it will "NOT" be processed. This request is valid for 90 days once received in our office. *****
***After 90 days another filing fee, form, etc. will be required. ***

By: _____ Date: _____

(*Signature of Owner, Officer, Member, Partner*)