

State of Arkansas CONTRACTORS LICENSING BOARD



New Applicant Commercial or Residential Questionnaire Form

\$100.00 Filing Fee - NON-REFUNDABLE

MAIL TO:

CONTRACTORS LICENSING BOARD
4100 RICHARDS ROAD
NORTH LITTLE ROCK, ARKANSAS 72117
Main Phone Number (501) 372-4661
FAX Number (501) 372-2247
Web Site: www.arkansas.gov/clb

**PLEASE READ THE INSTRUCTIONS (page 2 for Residential or page
3 for Commercial) BEFORE COMPLETING THE APPLICATION**

RESIDENTIAL INSTRUCTIONS / CHECKLIST

Your completed application must be in this office 7 business days prior to a committee meeting to be reviewed. If your application does not contain all the items (2-8) below you have 90 days from the date we receive the application to send the missing items. After the 90 days another application and another fee will be required.

1. If you are applying for **both commercial and residential** contractors licenses **STOP HERE!!**
Go to page 3 and follow the instructions for a commercial contractor.
2. Completed Application **(all lines need to be filled in, if one does not apply to you use N/A)**
 - (a) Pages 4, 5, 9 and 10 completed.
 - (b) Bidding and appropriate business style affidavit signed and notarized (pages 11 and 12).
We cannot accept a notarized statement more than 90 days old.
3. \$100.00 filing fee made payable to the Contractors Licensing Board. **(NON-REFUNDABLE)**
4. Three (3) written references (pages 6, 7 and 8 forms provided). The references should not be from a supplier or banker, unless they have actually 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.**
5. Copy of the Business and Law test score (unofficial test score is acceptable). **The license can be approved but not released without a passing test score. Please see page 17 for more test information.**
6. **CURRENT** compiled balance sheet less than one (1) year old. **DO NOT SEND INCOME STATEMENTS.** The balance sheet must be in the name of the company obtaining the license and must be signed by the owner, officer, member or partner of that company. Only Sole Proprietorships can submit a personal balance sheet and the balance sheet **must exclude** your personal residence and retirement accounts. **All balance sheet statements must show a POSITIVE NET WORTH.**
7. If you are applying as a Corporation, LLC, or LP you will also need to attach a copy of the Articles/Filings from your entity's Secretary of State's Office. If you have registered a fictitious name for this company you will need to attach a copy of the fictitious name registration.
8. All applicants must have current Worker's Compensation insurance coverage. Provide us with a current certificate of insurance verifying Worker's Compensation insurance coverage addressed to the Arkansas Contractors Licensing Board as the Certificate Holder.

COMMERCIAL INSTRUCTIONS / CHECKLIST

Your completed application must be in this office 7 business days prior to a board meeting to be reviewed. If your application does not contain all the items (1-10) below you have 90 days from the date we receive the application to send the missing items. After the 90 days another application and another fee will be required.

1. Completed Application. (all lines need to be filled in, if one does not apply to you use N/A)
 - (a) Pages 4, 5, 9 and 10 completed.
 - (b) Bidding and appropriate business style affidavit signed and notarized (pages 11 and 12). We cannot accept a notarized statement more than 90 days old.
2. \$100.00 filing fee made payable to the Contractors Licensing Board. **(NON-REFUNDABLE)**
3. Three (3) written references (pages 6, 7 and 8 forms provided). The references should not be from a supplier or banker, unless they have actually observed your work and can describe it. The purpose of these references is to verify you have at least five (5) years of the required experience to receive the classification(s) you have requested. Please refer to page 5 of this application if you have any questions about the classification(s) or to the blue booklet (Act 150).
4. Copy of the Business and Law test score (unofficial test score is acceptable). **The license can be approved but not released without a passing test score. Please see page 17 for more test information.**
5. Fully executed \$10,000.00 Contractor's Bond. **The license can be approved but not released without the bond.**
6. An audited financial statement. **ONLY AN AUDITED STATEMENT WILL BE ACCEPTED. REVIEWS AND COMPILATIONS WILL NOT BE ACCEPTED. THERE ARE NO EXCEPTIONS. The date the audit was prepared for, not the date signed, must be less than one year old.** (The expiration date of your license will be determined by the audit date you submit.) The audited financial statement must include: (1) an audited opinion letter from an Independent CPA; and, (2) a balance sheet prepared in the percentage of completion or completed contract method. **DO NOT SUBMIT AN INCOME TAX BASIS FINANCIAL STATEMENT;** and, (3) all footnotes to the balance sheet. (See Ark. Code Ann. 17-25-304)
7. TURN TO Rules and Regulations 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.** See net worth requirements in Rules and Regulations Act 150 (224-25-6 (c)). **Example: If you ask for a Building classification, the net worth requirement is \$50,000, you will need \$25,000 cash in the bank, operating money.**
8. If you are applying as a Corporation, LLC, or LP you will also need to attach a copy of the Articles/Filings from your entity's Secretary of State's Office. If you have registered a fictitious name for this company you will need to attach a copy of the fictitious name registration.
9. **If the applicant has employees:** You must have Worker's Compensation insurance coverage.
10. **If the applicant is also applying for a Residential License:** You must have Worker's Compensation insurance coverage, regardless of whether you have employees. Provide us with a current certificate of insurance verifying Worker's Compensation insurance coverage addressed to the Arkansas Contractors Licensing Board as the Certificate Holder.

CLB Office Use ONLY:

Filing Fee: _____ **ID#:** _____

Type of License: Commercial Residential

Commercial & Residential Other: _____

ANSWER ALL OF THE FOLLOWING QUESTIONS, IF A QUESTION DOES NOT APPLY TO YOU USE N/A:

Company or Individual Name _____

D/B/A Name _____
(Doing Business As)

If applying as Individual / Partnership, list person's name & Social Security Number _ _____

If applying as Corporation / LLC, list the Federal ID# _____

Mailing Address _____ City _____ State _____

Zip Code _____ County/Parish _____ Company Tax Year End _____

Contact Phone _____ and Contact Name _____

Fax Number _____

E-mail Address _____

Complete the following with information for the person that will take or has taken the Business & Law Exam

Name _____ Social Security # _____

How long have you been with this company? _____ Position held with this company _____

CLASSIFICATIONS

If you are applying for one of our “MAJOR” CLASSIFICATIONS listed below please indicate by circling that class. A description of each class can be found in our Arkansas State Licensing Law for Commercial Contractors Regulation 224-25-5(i) of Act 150. ****Note**** The “mechanical” and “electrical” classifications require certain Arkansas trade license(s).

Heavy Construction

Highway, Railroad & Airport

Municipal & Utility

Building

Light Building

Mechanical (*Arkansas trade licenses required*)

Residential Builder

Electrical (*Arkansas trade license required*)

If a “SPECIALTY” CLASSIFICATION is requested list each specialty class below (see Regulation 224-25-5(i)(8) of Act 150 for a list of specialty classifications).

What type(s) of work do you propose to perform as a Licensed Contractor: (Be specific) _____

If any of the following are being requested then attach a copy of your Arkansas trade license/certificate. If the trade license holder is an employee you must attach a copy of the employee’s Arkansas trade license/certificate along with a copy of his/her W-4 form.

Asbestos Abatement
Boiler Construction or Repair
Electrical
Elevator
Fire & Burglar Alarm
Fire Sprinkler
Gas Fitter
HVACR

Landscaping w/planting
Lead Abatement
Plumbing
Refrigeration & Cold Storage
Sheet Metal, Ducts
Underground Storage Tank
Water Wells

IF YOU ARE A:

Commercial Contractor:	Verify five (5) years appropriate experience on each reference (pages 6, 7, and 8) for each classification requested.
Residential Contractor:	Verify four (4) years appropriate experience on each reference (pages 6, 7, and 8) in construction. The experience must justify the issuance of a residential builder’s license.

REFERENCE INFORMATION

(Please Type or Print)

APPLICANT NAME & ADDRESS as shown on application

**(GIVE DETAILED ANSWERS)
THE PURPOSE OF THIS FORM
IS TO VERIFY WORK
EXPERIENCE, NOT CREDIT
HISTORY.**

1. Are you related or affiliated to the owners of the company or any of the employees? Yes _____ No _____
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. Be very detailed: _____

5. List any projects this company or individual has completed that you have first hand knowledge of: (be specific— list the name of project(s), dollar amount and sq. ft. if applicable, and date that the project(s) was done).

6. Has this company or individual ever failed to complete a project or job that you are aware of? Yes ____ No ____
If yes, explain _____

7. In your own words describe this company or individual's overall performance and ability to meet the customers needs. _____

8. Would you recommend this individual or company to be a licensed contractor? Yes ____ No ____ If the answer is no, why? _____
9. Has this individual or company ever failed to pay for materials, employees or subs that you are aware of? Yes ____ No ____ If yes, give details: _____

Reference givers name & address: _____

Signature _____

Date _____

Phone No. _____

REFERENCE INFORMATION

(Please Type or Print)

APPLICANT NAME & ADDRESS as shown on application

**(GIVE DETAILED ANSWERS)
THE PURPOSE OF THIS FORM
IS TO VERIFY WORK
EXPERIENCE, NOT CREDIT
HISTORY.**

2. Are you related or affiliated to the owners of the company or any of the employees? Yes _____ No _____
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. Be very detailed: _____

5. List any projects this company or individual has completed that you have first hand knowledge of: (be specific— list the name of project(s), dollar amount and sq. ft. if applicable, and date that the project(s) was done).

6. Has this company or individual ever failed to complete a project or job that you are aware of? Yes ____ No ____
If yes, explain _____

7. In your own words describe this company or individual's overall performance and ability to meet the customers needs. _____

8. Would you recommend this individual or company to be a licensed contractor? Yes ____ No ____ If the answer is no, why? _____
9. Has this individual or company ever failed to pay for materials, employees or subs that you are aware of? Yes ____ No ____ If yes, give details: _____

Reference givers name & address: _____

Signature _____

Date _____

Phone No. _____

REFERENCE INFORMATION

(Please Type or Print)

APPLICANT NAME & ADDRESS as shown on application

**(GIVE DETAILED ANSWERS)
THE PURPOSE OF THIS FORM
IS TO VERIFY WORK
EXPERIENCE, NOT CREDIT
HISTORY.**

3. Are you related or affiliated to the owners of the company or any of the employees? Yes _____ No _____
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. Be very detailed: _____

5. List any projects this company or individual has completed that you have first hand knowledge of: (be specific— list the name of project(s), dollar amount and sq. ft. if applicable, and date that the project(s) was done).

6. Has this company or individual ever failed to complete a project or job that you are aware of? Yes ____ No ____
If yes, explain _____

7. In your own words describe this company or individual's overall performance and ability to meet the customers needs. _____

8. Would you recommend this individual or company to be a licensed contractor? Yes ____ No ____ If the answer is no, why? _____
9. Has this individual or company ever failed to pay for materials, employees or subs that you are aware of? Yes ____ No ____ If yes, give details: _____

Reference givers name & address: _____

Signature _____

Date _____

Phone No. _____

COMPANY INFORMATION

Note: "You" means, for the purpose of the following questions, this organization, the qualifier of this company, you, any officer, or any partner, shareholder or member who owns 10% or more of the entity.

1. Indicate the type of entity seeking a license by circling one of the choices below:

INDIVIDUAL CORPORATION PARTNERSHIP LLC LP OTHER_____

2. How long has your organization been in business as a contractor under your present business name?_____
3. How many years of work experience does the trade or classification qualifier for this license have? _____
4. Have you ever failed to complete any work awarded to you? Yes_____ No _____ **If yes, attach separately a statement of circumstance.**
5. Have you ever been an investor, partner or officer of some other organization that failed to complete a construction contract? Yes _____ No _____ **If yes, attach separately the name of the individual, other organization and reason for failure.**
6. Have you filed bankruptcy, within the last 10 years, or was a part of any other organization that has filed bankruptcy within the last 10 years? Yes_____ No _____ **If yes, attach separately details and an explanation as to why bankruptcy had to be filed along with a copy of the document prepared by your attorney listing the creditors and a copy of the bankruptcy discharge.**
7. Have you ever been convicted of a felony? Yes _____ No _____ **If yes, attach separately details and an explanation.**
8. Have you ever had a contractors license in this or any other state? Yes _____ No _____ **If yes, attach separately details.**
9. Have you ever had a contractors license revoked, suspended or surrendered in this or any other state? Yes _____ No _____ (See definition of "you" above) **If yes, attach separately details.**
10. Does this applicant have any employees? Yes_____ No _____
11. Does the applicant have Workers Compensation Insurance? Yes _____ No _____

CORPORATION, LLC, or LP DATA:

When incorporated _____
* Date Registered at Arkansas Secretary of State as a Foreign Entity (501) 682-3409 _____
Chairman _____
President _____
Vice-President _____
Secretary _____
Treasurer _____

* If applicable. This process must be completed before you begin work.

PARTNERSHIP DATA:

Date of organization _____
State whether partnership is general, limited or associated: _____

List all stockholders, members, or partners who own 10% or more interest in this entity (please print each name).

AFFIDAVIT REGARDING BIDDING OR PERFORMANCE OF WORK

State of _____

Parish/County of _____

I, _____, being duly sworn, states under oath: that, he or she is
(Name of person that is Owner/Partner/Officer/Member)

_____ of _____
(Owner/Partner/Officer/Member) (Company Name)

the applicant named herein; that with respect to any **Commercial** contract work in the State of Arkansas in the amount of \$20,000.00 or more, including but not limited to labor and materials. Or with respect to any **Residential** construction in the State of Arkansas:

The Applicant:

1. Is not now a party on any contract for such work.
2. Does not have outstanding any such work or any bid for such work.
3. Will not bid, contract or perform any such work until such time as the applicant is approved and a license has been issued to the applicant.

(Signature of individual owner, partner, member or a responsible officer)

Sworn to before me this: _____ day of _____, 20____

(Notary Public Signature) (SEAL)

My commission expires: _____

*****NOTE COMMERCIAL & RESIDENTIAL CONTRACTORS*****

IF YOU DO NOT HAVE A LICENSE AND YOU HAVE BID OR CONTRACTED ANY WORK REQUIRING AN ARKANSAS CONTRACTORS LICENSE, YOUR BID MUST BE WITHDRAWN OR YOUR CONTRACT VOIDED BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

IF YOU HAVE ANY WORK IN PROGRESS THAT REQUIRES AN ARKANSAS CONTRACTORS LICENSE YOU MUST ATTACH A LIST IN THE FORM OF AN EXCEPTION TO THIS AFFIDAVIT BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

This affidavit does not apply to bids offered to the Arkansas State Highway Department for work on Federal aid highway projects.

CHECKLIST OF HELPFUL NUMBERS

FOR CONTRACTORS PLANNING TO OPERATE IN THE STATE OF ARKANSAS

PLEASE NOTE: *Contractors are required to be licensed in Arkansas before they are permitted to bid on projects \$20,000 or more.*

THE FOLLOWING IS A LIST OF REGULATORY AGENCIES TO WHICH YOU COULD BE RESPONSIBLE WHILE DOING BUSINESS IN THE STATE OF ARKANSAS.

CONTRACTORS LICENSE	Contractors Licensing Board 4100 Richards Road North Little Rock, AR 72117 Telephone: (501) 372-4661
CORPORATE FRANCHISE TAX	Secretary of State Victory Building, Ste 250 1401 W Capitol Little Rock, AR 72201 Telephone: (501) 682-3409
Note: All Corporations are required to register and pay franchise taxes.	
INDIVIDUAL INCOME TAX.....	Individual Income Tax Section Revenue Division Department of Finance & Admin. P O Box 3628 Little Rock, AR 72203 Telephone: (501) 682-7272
CORPORATE INCOME TAX	Corporation Income Tax Section Revenue Division Department of Finance & Admin. P O Box 919 Little Rock, AR 72203 Telephone: (501) 682-4775
SALES & USE TAXES	Sales and Use Tax Section-Revenue Division Department of Finance & Administration P O Box 1272 Little Rock, AR 72203 Telephone: (501) 682-7104
UNEMPLOYMENT COMPENSATION..	Arkansas Employment Security Division P O Box 8007 Little Rock, AR 72203 Telephone: (501) 682-3276
WORKERS COMPENSATION	Arkansas Workers Compensation Commission 4th & Spring Streets, PO Box 950 Little Rock, AR 72203-0950 Telephone: (501) 682-3930 or 800-250-2511

(SEE OTHER SIDE)

****UNDERGROUND STORAGE TANKS**

ASBESTOS, LEAD ABATEMENT.

Arkansas Department of Environmental Quality
8001 National Drive, PO Box 8913
Little Rock, AR 72219-8913
Telephone: (501) 682-0999 (U.S.T.)
(501) 682-0718 (Asbestos & Lead)

****PLUMBING, GAS FITTERS**

**HVACR BOARD, SHEET METAL,
REFRIGERATION & COLD STORAGE**

Arkansas State Health Department
Plumbing & Natural Gas Division
4815 West Markham Slot #24
Little Rock, AR 72205-3867
Telephone: (501) 661-2642

****FIRE & BURGLAR ALARMS ...**

Arkansas State Police Fire Marshal
1 State Police Plaza Drive
Little Rock, AR 72209
Telephone: (501) 618-8600

****SPRINKLERS**

Arkansas Fire Protection Board
7509 Cantrell Road Suite 103A
Little Rock, AR 72207
Telephone: (501) 661-7903

****ELECTRICAL**

Board of Electrical Examiners - AR Department of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4549

****ELEVATOR SAFETY**

Safety Division-Arkansas Department of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4530

****BOILERS**

Boiler Division - Arkansas Department of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4513

****LANDSCAPING w/PLANTING**

Arkansas State Plant Board
1 Natural Resources Drive
Little Rock, AR 72205
Telephone: (501) 225-1598

****WATER WELLS.....**

Arkansas Water Well Commission
101 E Capitol, Ste 350
Little Rock, AR 72201
Telephone: (501) 682-1025 / (501) 682-3900

LABOR STANDARDS

Labor Standards Administrator-Arkansas Dept. of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4501

ONLINE DIRECTORY

www.arkansas.gov/directory

PLEASE NOTE: *This list does not include all of the State Regulatory Offices which you might need to contact. You should contact your accountant or attorney as to the other agencies which must be contacted due to the special nature of your business.*

****Requires proof of prior certification before CLB will approve classification.**

**INSTRUCTIONS FOR COMPLETION
OF THE \$10,000 CONTRACTORS BOND**

This bond is required only of **commercial** applicants.

Principal's company name **must be exactly** as you have applied for the Contractors License.

An owner, officer, member or partner must sign the bond form as Principal.

Only this prescribed form will be accepted. Any alterations to this form must have prior approval from the Contractors Licensing Board.

All Principal, Surety and Agent information requested on this form must be provided.

This bond must be executed by an agency, agent, broker or producer licensed by the Arkansas Insurance Department. The agency, agent, broker or producer must also have an Appointment registered with the Arkansas Insurance Department for the surety company the bond is placed with. The bond may be executed directly by the surety company, but must include verification from executing Attorney-in-Fact. **If this bond is not fully executed or countersigned by an Arkansas Resident agent, broker or producer, a copy of the executing agency's, agent's, broker's or producer's Arkansas Non-Resident license must be attached.**

Any change in company ownership and/or Federal Employer Identification Number requires a new bond be executed. Any other change, such as name or address, requires an endorsement rider from your agent.

If you are having difficulties obtaining this bond another option is filing a cash bond, contact Phyllis Isham at 501-371-1505 or 501-372-4661 for a form.

Please leave this notice attached to your bond.



\$10,000 CONTRACTOR'S BOND

Required by A.C.A. § 17-25-401

Effective Date _____

STATE OF ARKANSAS

Bond Number _____

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, _____
Principal's Company Name As You Will Be Licensed

Principal Business Address (Physical) City State Zip Code Telephone Number

as principal, and _____
Surety's Name

Surety Address City State Zip Code Telephone Number

as surety, 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 (Contractors Licensing Board).

Agent's/Broker's/Producer's Company Name

Principal's Signature (Owner, Officer, Partner, Member)

Mailing Address and Telephone Number

Title

City/State/Zip Code

Principal's Federal I.D. and/or Social Security Number

Agent's/Broker's/Producer's Signature

Attorney-in-Fact's Signature

This bond shall be executed by an agency, agent, broker or producer that is properly licensed with the Arkansas Insurance Department, a copy of such license must be attached.

MAIL ORIGINAL BOND AND ITS POWER OF ATTORNEY TO:
Contractors Licensing Board, 4100 Richards Road, North Little Rock, AR 72117

COMPUTERIZED TESTING REGISTRATION FORM

The test is given by an independent testing company (Prometric). If you have questions about the test or need more information beyond what is furnished here please call them at 888-763-0131.

Registration Instructions:

1. Call 1-888-763-0131 or visit www.experioronline.com
2. Register for **ARO4 Program name.**
3. **Exam Code 100.**
4. The operator will assist you in finding the nearest Testing Center.
5. The test is administered 6 days a week (M-F 8:00 a.m. -8:00 p.m., Sat 8:00 a.m. - 4:00 p.m.)
6. Payment – Prometric will accept VISA, MasterCard, American Express or a check can be drafted from your checking account (have a check ready for relaying the appropriate numbers). The charge for the test is \$75.00.
7. You will receive a confirmation number and directions to the testing center (note these at the bottom of this page).
8. The test is open book, multiple choice, 50 questions, with a 2-hour time limit.
9. The book (Contractors Guide to Business, Law and Project Management, Arkansas Edition) is available from the Contractors Licensing Board for \$35.00 or directly from the publisher, NASCLA Publications Inc. (623) 587-9354. To order from the Board, please send a check or money order for \$35.00 and a request for the book to:

**Arkansas Contractors Licensing Board
4100 Richards Road
North Little Rock, AR 72117**

To order directly from the Publisher, call (623) 587-9354 or complete the order form on the back of this page.

10. No handwritten or additional notes are allowed in the reference book (no letters, words, diagrams, etc.) Highlighting and permanent tabbing is acceptable. Post it notes are not permanent and will not be allowed.

On the day of your examination, you must arrive at the Prometric 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 may be given extra manuals when you arrive to take the test. You will only be tested from the Contractors Guide to Business, Law and Project Management, Arkansas Edition.
 - b) Verify your exam code before you take the test.

Confirmation Number: _____
Appointment Date: _____
Appointment Time: _____

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

To order a copy of the *Arkansas Contractors Guide to Business, Law and Project Management*, please complete the order form below, submit a check for the total order amount – payable to NASCLA Publications, Inc. and mail to:

NASCLA Publications, Inc.
23309 N. 17th Drive, Suite 110
Phoenix, Arizona 85027

For credit card orders — *Visa, MasterCard, Discover or American Express* — mail the completed form to the address above or order by:

Phone (623) 587-9354
Fax (623) 587-9625 or
Online @ www.nascla.org

SHIP TO:

Name _____
Company _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone (____) _____ - _____ Fax (____) _____ - _____
Email Address _____

METHOD OF PAYMENT:

Enclosed check to NASCLA Visa MasterCard American Express Discover
Card Number _____ Exp. Date ____ / ____
Name on Card _____ Signature _____

PLEASE SEND:

_____ Copy(ies) of the *Arkansas Contractors Guide to Business,
Law and Project Management* @ \$45.00 each \$ _____

SHIPPING & HANDLING:

\$ 12.00 for one book (\$6.00 for each additional book) \$ _____

TOTAL \$ _____