



3. TYPE OF BUSINESS ENTITY.

NOTE: If you are changing to a different business entity type, you must submit an application for a new license and cancel the current license. A new license number will be issued.

A. What is the business entity type of this license?

- Sole Proprietor                       Joint Venture                       Corporation                       Partnership (General)
- Limited Liability Company             Limited Liability Partnership       Partnership (Limited)       Other (please specify)

4. CLASSIFICATION and QUALIFYING PARTIES. Enter the classification(s) of qualifying parties you wish to add or drop. Attach valid test scores or valid QP Certificate for each added QP.

Classification	QP First Name	QP Last Name	QP Social Security Number
			QP Date of Birth
<input type="checkbox"/> Owner <input type="checkbox"/> Corp. Officer <input type="checkbox"/> LLC Member <input type="checkbox"/> Employee <input type="checkbox"/> Partner <input type="checkbox"/> Other (specify below)			
ADD <input type="checkbox"/> DROP <input type="checkbox"/> TERMINATION DATE: _____			

Classification	QP First Name	QP Last Name	QP Social Security Number
			QP Date of Birth
<input type="checkbox"/> Owner <input type="checkbox"/> Corp. Officer <input type="checkbox"/> LLC Member <input type="checkbox"/> Employee <input type="checkbox"/> Partner <input type="checkbox"/> Other (specify below)			
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ADD <input type="checkbox"/> DROP <input type="checkbox"/> TERMINATION DATE _____			

5. QUALIFYING PARTY HISTORY. Complete if you are adding a qualifying party or classification.

a. Have you previously been a qualifying party for a licensed New Mexico contractor?     YES     NO  
If "YES", provide the following information. Please attach separate sheets, if necessary.

⇒ Company Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
          MO    YR        MO    YR

b. If you are currently the qualifying party on a New Mexico contractor license, please complete the following, as applicable:

1) I am TERMINATING my relationship as qualifying party on License #: \_\_\_\_\_, effective date of termination \_\_\_\_\_.

2) I am CANCELLING my current License #: \_\_\_\_\_, effective date of cancellation: \_\_\_\_\_.

3) If you intend to qualify two or more licenses at the same time, you MUST submit proof of at least thirty percent (30%) common ownership between all the licensees. Please list all licensee names, any existing license numbers, and all ownership information for each licensee.

c. Have you worked outside the scope of your classification(s) in the last 12 months?     YES     NO  
If "YES", attach a detailed explanation.





First Name

Grid for first name input

Last Name

Grid for last name input

Address

Grid for address input

City

Grid for city input

State

Grid for state input

Zip Code

Grid for zip code input

Social Security Number

Grid for social security number input

Date of Birth

Grid for date of birth input

Title: \_\_\_\_\_

Is this person authorized to request any changes to this license  Yes  No

ADD  DROP  EFFECTIVE DATE \_\_\_\_\_

7. AFFIRMATIONS AND SIGNATURES

LICENSEE APPLICANT

- a. Do you have any unresolved complaints pending with CID?
b. Are there any unpaid judgments against you?
c. Do you have any outstanding fines with CID?
d. Do you have any outstanding permit fees with any jurisdiction?
e. Have you worked outside the scope of your classification(s) in the last 12 months?
If "YES", attach a detailed explanation.

I hereby affirm, under penalty of perjury, that:

I am the \_\_\_\_\_ (provide a title such as owner, president, manager) of the licensee and I am authorized to legally bind the applicant.

All information provided in this form is true and correct to the best of my knowledge. I understand that any false statement made by me in this application may result in administrative action against any license or certification affected by this status change request.

I am required to immediately notify PSI, in writing, of any material change in the status of the licensee or qualifying party (including without limitation change of address or authorized contact, change of qualifying party, change of license name or legal entity), and that failure to do so can result in administrative action up to and including revocation of the license or certificate affected by the change.

Applicant Signature \_\_\_\_\_

Please print your full name \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_\_

NOTARY

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

SEAL

Notary Public

My commission expires \_\_\_\_\_ 20\_\_\_\_\_



8. PAYMENT

Status changes require a \$30.00 fee (there is no fee to cancel a license, address change or change in personnel). There is a \$6.00 fee for each new requested wallet card or wall certificate. The first \$6.00 includes 2 wallet cards and one company wall certificate.

Please call PSI for prorated fee when adding a Qualifying Party or classification.

For extra wall or wall certificates, please specify below:

- Wallet card, # of cards requested\_\_\_\_\_
- Company license wall certificate, # of certificates requested\_\_\_\_\_
- Qualifying party wall certificate, # of certificates requested\_\_\_\_\_

Please list the name of the QP(s) and classification you want certifications for:

Name of QP\_\_\_\_\_ classification\_\_\_\_\_

Name of QP\_\_\_\_\_ classification\_\_\_\_\_

Name of QP\_\_\_\_\_ classification\_\_\_\_\_

Name of QP\_\_\_\_\_ classification\_\_\_\_\_

Submit Application Packet and Payment to (by walk in or mail):

PSI  
2301 Yale Blvd. S.E., Ste C-4  
Albuquerque, NM 87106  
(877) 663-9267 [public.psiexams.com](http://public.psiexams.com)

- Make checks or money orders payable to PSI.
- Walk in payments may be made by cash, personal check, company check, money order, cashiers check, VISA or MasterCard.
- Mail payments may be made by personal check, company check money order, cashiers check, VISA or MasterCard (NO CASH).

**ALL SUBMISSIONS MUST INCLUDE ORIGINAL DOCUMENTS**  
**\*\*YOU MAY NOT SUBMIT ANY APPLICATIONS BY FAX**

(Check one):  MC  VISA

Full Card No:\_\_\_\_\_ Expiration Date:\_\_\_\_\_

Card Verification No:\_\_\_\_\_ *For your security, PSI requires you to enter the card identification number located on your credit card. The card identification number is located on the back of the card and consists of the last three digits on the signature strip.*

Cardholder Name (Print):\_\_\_\_\_ Signature:\_\_\_\_\_

