

4. TYPE OF BUSINESS ENTITY.

If you are changing entities, you must submit a new license application and cancel the old license. A new license # will be issued.

A. What is the business type of the CURRENT licensee?

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

5. 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
			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)			<input type="text"/> - <input type="text"/> - <input type="text"/>
ADD <input type="checkbox"/>		DROP <input type="checkbox"/>	

Classification	QP First Name	QP Last Name	QP Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
			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)			<input type="text"/> - <input type="text"/> - <input type="text"/>
ADD <input type="checkbox"/>		DROP <input type="checkbox"/>	

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ADD <input type="checkbox"/>		DROP <input type="checkbox"/>	

6. HISTORY. Please 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 already 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.



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_____

B. QUALIFYING PARTIES: (Please attach a separate signature page for each qualifying party.)

I hereby affirm, under penalty of perjury, that:

I am a qualifying party for _____, with _____ classification.

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

I am required to immediately notify PSI, in writing, of any material change in my status as a 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_____

9. 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.

- 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

- ✎ Make checks or money orders payable to PSI. (No temporary check are accepted)
- ✎ 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

Card No: _____ Exp. Date: _____

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.

Card Verification No: _____

Cardholder Name (Print): _____ Signature: _____

