

4. QUALIFYING PARTY HISTORY (complete one for each qualifying Party)

QP Name _____

- 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.

- d. Do you have any unresolved complaints pending with CID? NO YES
- e. Are there any unpaid judgments against you? NO YES
- f. Do you have any outstanding fines with CID? NO YES
- g. Do you have any outstanding permit fees with any jurisdiction? NO YES
- h. Have you bid or performed any unlicensed work in the last 12 months? NO YES

5. AFFIRMATIONS AND SIGNATURES

I hereby affirm, under penalty of perjury, that all information provided in this application is true and correct to the best of my knowledge. I understand that any false statement by me in this application may result in administrative action against any license or certification issued on the basis of this application. I further acknowledge that I am required to immediately notify PSI, in writing, of any material change in my status as a licensee, qualifying party or certified journeyman (including without limitation change of address, 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.

Qualifying Party Signature: _____

Please provide full name (PRINTED): _____

Date: _____ 20_____

NOTARY

Subscribed and sworn before me this _____ day of _____ 20_____

SEAL

Notary Public

My commission expires _____ 20_____



7. COMPANY HISTORY

- b. Has this company or any of its qualifying parties performed work in the last 12 months outside the scope of their classification(s)? YES NO If "YES", please attach a detailed explanation.

- b. Does this company, any qualifying party, or personnel listed in the personnel section of this application:
 - ⇒ Have any unresolved complaints pending with CID? NO YES
 - ⇒ Have any outstanding or unpaid judgments? NO YES
 - ⇒ Have any outstanding fines with CID? NO YES

 - ⇒ Have any outstanding permit fees with any New Mexico jurisdiction? NO YES
 - ⇒ Bid or performed any unlicensed work in the last 12 months? NO YES

8. REGISTERED AGENT If applicant is a corporation, LLC, or LLP, please provide the New Mexico address and name of the applicant's registered agent.

Registered Agent Name	Agent's Physical Address (No PO Box or Rural Routes)	
City	State	Zip Code

9. AFFIRMATIONS AND SIGNATURES

I hereby affirm, under penalty of perjury, that:
I am the _____ (provide a title such as owner, president, manager) of the applicant and I am authorized to legally bind the applicant.
All information provided in this application is true and correct to the best of my knowledge. I understand that any false statement by me in this application may result in administrative action against any license or certification issued on the basis of this application.
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 provide full name (PRINTED): _____

Date _____ 20_____

NOTARY

Subscribed and sworn before me this _____ day of _____ 20_____

SEAL

Notary Public

My commission expires _____ 20_____



\$300 per classification
GB02 GB98 GA98
GF 98 EE98 MM98

\$150 per classification
All other single classifications

Contractor License Application Fee
\$30 Application Fee
\$6 Certificate Fee - per classification

The maximum fee for multiple classifications within a category is \$300

EXAMPLE

GB98 + Any GS classification \$300
EE98 + Any ES classification \$300
MM98 + Any MS classification \$300

The \$30.00 application fee is non-refundable, If you are paying with a check or money order please make sure your \$30.00 application payment is submitted on a separate check or money order.

10. PAYMENT Submit Application Packet and Payment to (by walkin or mail):

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

- If changing entities, please contact PSI for a prorated fee.
- Make all 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. (The \$30.00 application fee must be made in a separate payment, two check or two money orders).
- Mail payments may be made by personal check, company check money order, cashiers check, VISA or MasterCard (NO CASH). (The \$30.00 application fee must be made in a separate payment, two check or two money orders).

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: _____

