

**NEW MEXICO
CONTRACTOR LICENSE RENEWAL APPLICATION**

AN INCOMPLETE, INCORRECT OR OTHERWISE DEFECTIVE APPLICATION WILL NOT BE PROCESSED.

APPLICATION FEES WILL NOT BE REFUNDED.

PRINT CLEARLY, ALL CAPITALS

DATE: _____

Section A. PLEASE PROVIDE THE FOLLOWING INFORMATION:

LICENSE NUMBER: _____ EXPIRATION DATE: _____

BUSINESS NAME: _____

ADDRESS OF RECORD: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

QUALIFYING PARTIE(S): _____ Signature: _____

_____ Signature: _____

_____ Signature: _____

_____ Signature: _____

_____ Signature: _____

_____ Signature: _____

CLASSIFICATON(S): _____

Section B. PLEASE VERIFY BUSINESS TYPE

Sole Proprietor Corporation Limited Liability Company Joint Venture

Partnership (General) Partnership (Limited) Limited Liability Partnership

Other (please specify) _____

Section C. PLEASE CHECK THE APPROPRIATE BOX:

Valid Code Bond on File New Bond Enclosed



Section E. ATTESTATION

By my signature, below I attest as follows:

- ☞ I have not bid or performed work that is beyond the scope of my license in the last 24 months.
- ☞ I have not allowed any person or business to use my license or my license number for the purpose of engaging in contracting in the last 24 months.
- ☞ I do not have any outstanding judgments or active complaints against me.
- ☞ I do not have any outstanding fees or penalties with CID.
- ☞ If required, my company is in good standing with the New Mexico Public Regulation Commission.
- ☞ I am in compliance with the requirements of the Workers' Compensation Act and the Parental Responsibilities Act.
- ☞ I am authorized to legally bind and sign on behalf of the licensee to whom this renewal application applies.

I swear or affirm under penalty of perjury that all statements, attestations and information provided by me above are true and correct, to the best of my knowledge. I understand that any false statement made in this application can result in administrative action against any certificate to which this renewal application applies.

Applicant Printed Name: _____

Signature: _____ Date: _____

****Notary**

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

SEAL

Notary Public

My commission expires _____, 20_____

Section F. PAYMENT Submit Application Packet and Payments to (by walkin or mail):

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

- ✎ 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 APPLICATION 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: _____

