

NEW MEXICO

AUTHORIZED NOTICE INSTRUCTIONS

ADDRESS OF RECORD. All official notices, including renewals will be sent to this address:

Name of licensee: _____

Street name and number: _____

City, State and Zip Code: _____

Email: _____

Fax: _____

Phone: _____

CONTACT OF RECORD. Only the following individual(s) is/are authorized to request any change to a license, such as adding or deleting QP or classification, change of address, change of business type, and cancellation of the license.

Name of individual: _____

Title: _____

Signature: _____

Name of individual: _____

Title: _____

Signature: _____

ACKNOWLEDGMENT

I UNDERSTAND THAT ALL OFFICIAL NOTICES, INCLUDING NOTICE OF RENEWALS AND DISCIPLINARY ACTION WILL BE SENT TO THIS ADDRESS AND ONLY THE INDIVIDUAL(S) NAMED ABOVE CAN AFFECT THE STATUS OF THIS LICENSE.

By: person authorized to bind licensee: _____ Date: _____

NOTARY

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

SEAL

Notary Public

My commission expires _____, 20_____

