

NEW MEXICO
JOURNEYMAN CERTIFICATE RENEWAL APPLICATION

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

If you have not renewed by the expiration date, your license will be suspended and there will be a \$25 penalty will be assessed. If your license has not been renewed within 6 months of the expiration date, your certificate will be cancelled. Incomplete renewal forms that are rejected and returned to you for correction are considered not submitted.

DATE: _____

Section A. PLEASE PROVIDE THE FOLLOWING INFORMATION.
(You must submit a renewal application for each classification.)

CERTIFICATE NUMBER _____ CLASSIFICATION _____ EXP DATE: _____

JOURNEYMAN NAME _____

ADDRESS _____
ADDRESS CITY STATE ZIP

PHONE # _____

Please Note: If you are renewing an EE-98J certificate, you must have completed 16 hours of approved Continuing Educations coursework (minimum of 8 hours of code update). For a list of approved Continuing Education courses, please visit <http://www.rld.state.nm.us/CID/index.htm>. Please send a copy of your certificate(s) of completion along with your renewal.

Section B. ATTESTATION.

By my signature, below I attest as follows:

- ☞ I have not bid or performed any unlicensed work 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.
- ☞ I am in compliance with the requirements of the Parental Responsibilities Act.

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 C. 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: _____

