



Classification	QP First Name	QP Last Name	QP Social Security #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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4. **OWNERSHIP AND PERSONNEL.** Provide the full name and address of the following individuals: All owner(s) of the company. If a sole proprietor, the individual applying; if a partnership, all partners; if a corporation, all officers registered with PRC; if an LLC, all members; if a joint venture, or other type of legal entity, all individuals authorized to legally bind the entity. Additional sheets can be downloaded at [public.psiexams.com](http://public.psiexams.com)

First Name	Last Name
<input type="text"/>	<input type="text"/>

Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Date of Birth
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Title: \_\_\_\_\_ Is this person authorized to request any changes to the license?  Yes  No

First Name	Last Name
<input type="text"/>	<input type="text"/>

Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Date of Birth
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Title: \_\_\_\_\_ Is this person authorized to request any changes to the license?  Yes  No

First Name	Last Name
<input type="text"/>	<input type="text"/>

Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Date of Birth
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Title: \_\_\_\_\_ Is this person authorized to request any changes to the license?  Yes  No

First Name	Last Name
<input type="text"/>	<input type="text"/>

Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Date of Birth
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Title: \_\_\_\_\_ Is this person authorized to request any changes to the license?  Yes  No



5. HISTORY

- a. 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

6. AFFIRMATIONS AND SIGNATURES

TO BE SIGNED BY OWNER, PARTNER OR AUTHORIZED CORPORATE OR JOINT VENTURE OFFICERS.

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\_\_\_\_\_

7. **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](http://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): \_\_\_\_\_ Signat ure: \_\_\_\_\_

