

HOW TO OBTAIN A NEW CONTRACTOR LICENSE



These instructions apply to new licenses only. If you wish to add a classification or a qualifying party to an existing license, please see HOW TO ADD A CLASSIFICATION or HOW TO ADD A QUALIFYING PARTY.

Every license must have at least one qualifying party for each classification of work covered by the license. If you are not currently, or do not currently employ, a qualifying party certified in the classification of work you intend to perform, please see HOW TO OBTAIN A QUALIFYING PARTY CERTIFICATE.

ONE: Determine the classification of license and/or certification you need to do the work you are planning to perform. License classifications are listed in the New Mexico Administrative Code, Title 14 Chapter 6 Part 6, which can be found at www.nmcpr.state.nm.us

IMPORTANT NOTE: If you are uncertain of the proper classification, please complete Classification Determination Request form and submit it to PSI along with a detailed description of the work to be performed. If the license is needed to bid or perform work that will be awarded based on a competitive process, please also include a copy of the project scope of work. Forms can be found on the PSI website (<http://public.psiexams.com>)

To ensure clear communication, responses to Classification Determination Requests are not made by phone. The written determination will either be mailed or sent to faxed to you.

TWO: Check with PSI to make sure that the name you intend to use on license is available. State law prohibits the issuance of a license if the proposed name is the same as, or is substantially similar to, a name that is on a pending application or existing license. Be sure to clear the proposed name with PSI **BEFORE** registering it with the New Mexico Secretary of State or applying for a New Mexico tax ID number. Company name cannot reflect a trade outside classification scope of the license, please see 14.6.3.8 item a, 4. If using "Engineer" in company name, there must be a New Mexico certified engineer on staff, please provide documentation with your application.

THREE: Submit completed packet with the correct application, certificate and license fees. The complete packet must include:

1. Complete Contractor License Application.
2. Copy of valid qualifying party certificate, or copy of exam score report showing passing scores on exam(s) for applicable classification(s). May submit official transcript showing passing grade on business and law course administered by a CID approved school in lieu of passing score on business and law exam. If a Qualifying Party intends to qualify two or more licenses at the same time, you **MUST** submit proof of at least thirty person (30%) common ownership between all of the licensed entities. Please list all company license names and numbers, and all ownership information for each license.
3. Proof of Financial Responsibility: Bond - must be issued in the exact name shown on application.
4. Proof of current (within the last year) New Mexico Tax ID number application with official stamp or registration certificate. Must be issued in the exact name shown on application. (Contact the New Mexico Taxation and Revenue Department at: 505-827-0700)
5. **IF A CORPORATION, LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP OR LIMITED LIABILITY COMPANY:** Proof of registration with the New Mexico Secretary of State (505)827-3600. Must be issued in the exact name shown on application.
6. Self-addressed envelope large enough and with sufficient postage to return your application materials if your application is rejected. If your application is accepted, this envelope will be used to send your new license once it has been issued.
7. Complete packets must be delivered by hand or mail. Faxed or emailed forms will not be accepted. Submit completed packets to:

PSI 2820 Broadbent Pkwy NE, Suite E&F, Albuquerque, NM 87107 (877) 663-9267



INCOMPLETE PACKETS WILL NOT BE PROCESSED. If your packet is incomplete, incorrect or otherwise insufficient, it will be returned to you.

NOTE: If you have pending administrative or disciplinary actions with CID, are not in compliance with child support or workers' compensation laws, or are under investigation for unlicensed activity, you may not be eligible for a license and your application may be placed on hold pending resolution of the issue(s).

FOUR: Once your packet has been accepted and your eligibility cleared, your license will be issued and you will receive it by USPS.

FIVE: Your license will be effective for three years from the date of issuance. Please see HOW TO RENEW A CONTRACTOR LICENSE for renewal information.

**Contractors licensed by CID performing work on manufactured homes must be registered with the Manufactured Housing Division (MHD). Call MHD at (505) 476-4770.

**Workers compensation insurance is required of all licensees. If you are a sole proprietor with no employees, you may be exempt from worker's compensation insurance requirements. The Workers' Compensation Administration telephone number is (505) 841-6000.

NEW MEXICO

APPLICATION for CONTRACTOR LICENSE

AN INCOMPLETE, INCORRECT OR OTHERWISE DEFECTIVE APPLICATION WILL NOT BE PROCESSED.
 PRINT CLEARLY IN BLUE OR BLACK INK ONLY. USE ALL CAPITALS.

1. APPLICANT INFORMATION

Today's Date (MM/DD/YYYY)

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Proposed Company Name

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**All official notices will be sent to the mailing address listed here.

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|---|---|---|---|
| Mailing Address/Address of Record | City | State | Zip Code |
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| Physical Address (required) | City | State | Zip Code |
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Email: _____

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|---|---|---|
| Daytime Phone | Alternative Phone | Fax |
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2. TYPE OF BUSINESS ENTITY. Please check company entity:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership (General) |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership (Limited) | <input type="checkbox"/> Other (please specify) |

3. CLASSIFICATIONS and QUALIFYING PARTIES. Enter the classification(s) for which you are applying. Consult the New Mexico Administrative Code for Classifications. For example: GB98, GS04, GF09.

| | | | |
|---|---|---|---|
| Classification | QP First Name | QP Last Name | QP Social Security Number |
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| | |
|---|---|
| <input type="checkbox"/> Owner <input type="checkbox"/> Corp. Officer <input type="checkbox"/> LLC Member <input type="checkbox"/> Employee <input type="checkbox"/> Partner <input type="checkbox"/> Other (specify below) | QP Date of Birth |
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| | | | |
|---|---|---|---|
| Classification | QP First Name | QP Last Name | QP Social Security Number |
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| | |
|---|---|
| <input type="checkbox"/> Owner <input type="checkbox"/> Corp. Officer <input type="checkbox"/> LLC Member <input type="checkbox"/> Employee <input type="checkbox"/> Partner <input type="checkbox"/> Other (specify below) | QP Date of Birth |
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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. Are you current with child support regulations in New Mexico? NO YES N/A
- d. Do you have any unresolved complaints with CID or in any other state? NO YES
- e. Are there any unpaid judgments against you from any state? 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
- i. Have you worked outside the scope of your classification(s) in the last 12 months? NO YES
- j. Has your license or certificate ever been revoked in any state? NO YES

If you have answered 'yes' to any of the above questions, d-j, submit a detailed explanation with documentation.

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_____



6. 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 managing partners; if a corporation, all officers registered with PRC; if an LLC, all managing 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.

First Name
Last Name
Address
City **State** **Zip Code**
Social Security Number - - **Date of Birth** / /
 Title: _____ Is this person authorized to request any changes to the license Yes No

First Name
Last Name
Address
City **State** **Zip Code**
Social Security Number - - **Date of Birth** / /
 Title: _____ Is this person authorized to request any changes to the license Yes No

First Name
Last Name
Address
City **State** **Zip Code**
Social Security Number - - **Date of Birth** / /
 Title: _____ Is this person authorized to request any changes to the license Yes No

First Name
Last Name
Address
City **State** **Zip Code**
Social Security Number - - **Date of Birth** / /
 Title: _____ Is this person authorized to request any changes to the license Yes No



10. FEES AND PAYMENT

\$300 per classification
GB02 GB98 GA98
GF98 EE98 MM98

\$150 per classification
All other single classifications

Contractor License Application Fee
\$30 Application Fee
\$6 Certificate Fee

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

Submit application packet and payment to (by walk-in or mail):

PSI
2820 Broadbent Pkwy NE, Suite E&F
Albuquerque, NM 87107
(877) 663-9267
public.psiexams.com

- **If changing entities**, please contact PSI for a pro-rated 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, MasterCard or American Express.
- Mail payments may be made by personal check, company check, money order, cashiers check, VISA, MasterCard or American Express (NO CASH).

ALL SUBMISSIONS MUST INCLUDE ORIGINAL DOCUMENTS.
YOU MAY NOT SUBMIT AN APPLICATION BY FAX.

(Check one): MC VISA AMEX

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.*

Billing Street Address: _____ Billing Zip Code: _____

Cardholder Name (Print): _____ Signature: _____





New Mexico Regulation and Licensing Department **CONSTRUCTION INDUSTRIES DIVISION**

2550 Cerrillos Road ▪ Santa Fe, NM 87505 ▪ (505) 476-4700 ▪ Fax (505) 476-4685
5200 Oakland Ave. NE ▪ Albuquerque, NM 87113 ▪ (505) 222-9800 ▪ Fax (505) 765-5670
505 S. Main St., Suite 150 ▪ Las Cruces, NM 88004 ▪ (505) 524-6320 ▪ Fax (505) 524-6319
www.rld.state.nm.us/cid

Susana Martinez
GOVERNOR

J. Dee Dennis Jr.
SUPERINTENDENT

Katherine Martinez
DIRECTOR

Alcohol and Gaming Division
(505) 476-4875

Boards and Commissions Division
(505) 476-4600

Construction Industries Division
(505) 476-4700

Financial Institutions Division
(505) 476-4885

Manufactured Housing Division
(505) 476-4770

Securities Division
(505) 476-4580

Administrative Services Division
(505) 476-4800



New Mexico Regulation and Licensing Department

Construction Industries Division

2550 Cerrillos Rd. Santa Fe., NM 87505 ▪ (505) 476-4600 ▪ Fax (505) 476-4685

CONSTRUCTION INDUSTRIES DIVISION
CONTRACTOR LICENSE CODE BOND

BOND NUMBER: _____

KNOW ALL MEN BY THESE PRESENTS: that _____,
(Company name as licensed), and _____, a surety company organized
under the laws of the state of _____, which is duly authorized to do business in the state of New
Mexico, (Surety), are both held and firmly bound unto the State of New Mexico, Regulation and Licensing
Department, (Obligee), in the penal sum of Ten Thousand Dollars and no cents (\$10,000.00), lawful money of the
United States of America, for the payment of which sum, well and truly to be made, the Principal and the Surety
hereby bind themselves, their executors, administrators, successors and assigns, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS that, whereas the Principal has applied for a license to engage in
contracting in the State of New Mexico, and submits this bond to comply with the requirements of NMSA 1978,
Section 60-13-49, effective July 1, 2009, which statute is incorporated herein as though fully set forth.

NOW, THEREFORE, if Obligee finds that Principal has performed construction work in which a violation of an
applicable building code, as set forth in NMAC Title 14, Chapters 7 through 10, has occurred, and that Principal after
being given a reasonable opportunity to cure such violation, fails to do so, and if the Obligee certifies such failure to
Surety, and Surety shall indemnify any consumer who incurs monetary harm as an actual and direct result of the
certified uncorrected violation against only such loss within Forty Five (45) days of receipt by the Surety of the
documents required to be submitted by consumer to Surety pursuant to NMAC Title 14, Chapter 6, Part 7.

It is understood and agreed that: the aggregate liability of the Surety shall not exceed the penal sum of this bond; this
bond is continuous in form; and, if the Surety so elects, this bond may be cancelled by the Surety upon thirty (30)
day's written notice to Obligee, or thirty (30) day's after Surety's receipt of Obligee's written request therefore. No
action may be commenced on this bond after two (2) years from the earlier of: the date on which the final inspection
of the work in which the code violation occurred was performed by the jurisdiction having code enforcement
authority; or the issuance date of a certificate of occupancy for the project in which the code violation occurred.

SIGNED and DATED this _____ day of _____, _____.

Principal Name

Surety

By: _____

By: _____

Name & Title

Attorney-in-Fact

Name of local Agency issuing bond: _____
Address: _____
Phone: _____
Email: _____

Power of attorney must accompany the bond