

CONTRACTOR LICENSE APPLICATION INSTRUCTIONS

These instructions apply to new licenses only. If you wish to add a classification or a Qualifying Party (QP) to an existing license please see CID STATUS CHANGE FORM.

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 QP 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 intend to perform. The license and QP certificate classifications can be found in the *New Mexico Administrative Code, Title 14 Chapter 6 Part 6*. This is available online at rld.nm.gov

IMPORTANT NOTE: If you are uncertain of the proper classification, please complete a "Classification Determination Request form" and submit it to PSI along with a detailed description of the work to be performed. Forms are available online at public.psiexams.com.

TWO: Check with PSI to confirm the name you intend to use on the license is available.

1. 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.
2. Be sure to obtain approval of the proposed name with PSI **before** registering it with the New Mexico Secretary of State or applying for a New Mexico tax ID number.
3. The Company name cannot reflect a trade beyond the classification scope of the license, please see 14.6.3.8(A)(4).

If the term "Engineer" or "Architect" is used in any form in the proposed company name, there must be a New Mexico certified Engineer or Architect on staff employed by the licensee. You must provide documentation of the certification with your application.

THREE: Complete packet. A CONTRACTOR LICENSE APPLICATION packet must include:

- ☐ Complete, legible, **signed, and notarized** Contractor License Application.
- ☐ IF this is your Qualifying Party(QP)'s first time being issued, then copy of exam score report(s) showing passing scores for all applicable exam(s) including a certificate showing passing grades for Business and Law course, if applicable.
 - If a QP intends to qualify two or more licenses at the same time, there must exist at least thirty percent (30%) common ownership between all licenses and a Letter of Common Ownership Form must be submitted.
- ☐ Proof of Financial Responsibility: The code bond must be issued in the **exact name** shown on application and align with your license dates, covering the entire 3-year period.
- ☐ Copy of the current Registration Certificate issued within the last twelve months by the New Mexico Taxation & Revenue Department (TRD) in the exact name shown on the license application. (You may find TRD online at <https://www.tax.newmexico.gov/businesses>.)
- ☐ **IF A CORPORATION, LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP OR LIMITED LIABILITY COMPANY:** Proof of registration with the New Mexico Secretary of State issued in the **exact name** shown on application. (Contact the Secretary of State at <https://www.sos.nm.gov>.)
- ☐ Fees include a non-refundable \$30 Application fee, a \$6 certificate fee and applicable classification fees. The schedule of fees can be located at public.psiexams.com.

- If you are an owner and received your Qualifying Party Certificate pursuant to the requirements for expedited licensure as a military service member, the license fees for the initial three-year period are hereby waived.
- Self-addressed 9"x12" envelope with sufficient postage to return your application packet 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.

FOUR: Complete packets must be delivered by hand or mail to:

PSI 9550 SAN MATEO BLVD NE, STE F Albuquerque, NM 87113

If your packet is incomplete, incorrect, or insufficient, it will be returned to you.

NOTE:

1. If the applicant has pending administrative or disciplinary actions with CID, is not in compliance with workers' compensation laws, a proposed QP is not in compliance with child support obligations, or the applicant or proposed QP is under investigation for unlicensed activity, the application will be placed on hold pending resolution of the issue(s).
2. An application for licensure may be denied if the applicant has been convicted of a disqualifying felony pursuant to *NMAC 14.6.3.8(F)*.

CID may deny an application on the basis of an applicant's conduct to the extent that such conduct violates the Construction Industries Licensing Act, the LP and CNG Act, or their accompanying rules, regardless of whether the individual was convicted of a crime for such conduct or whether the crime for which the individual was convicted is listed as one of the disqualifying criminal convictions listed in subsection *NMAC 14.6.3.8(F)*.

FIVE: Once your packet has been approved including your QP's eligibility, the license will be issued, and you will receive it by mail.

1. The license will be effective for three years from the date of issuance.
2. 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) as a crossover licensee. Call PSI for information on obtaining a crossover license.
- ❖ 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.

CONTRACTOR LICENSE APPLICATION

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

PLEASE PRINT CLEARLY. USE ALL CAPITAL LETTERS.

1. APPLICANT INFORMATION:

TODAY'S DATE (MM/DD/YYYY)

PROPOSED COMPANY NAME

MAILING ADDRESS/ADDRESS OF RECORD (ALL OFFICIAL NOTICES WILL BE SENT THIS THIS ADDRESS)

CITY

STATE

ZIP CODE

PHYSICAL ADDRESS (REQUIRED)

CITY

STATE

ZIP CODE

EMAIL ADDRESS

DAYTIME PHONE

ALTERNATE PHONE

2. BUSINESS ENTITY TYPE (CIRCLE SELECTION)

SOLE PROPRIETOR

JOINT VENTURE

CORPORATION

PARTNERSHIP (GENERAL)

LIMITED LIABILITY
COMPANY

LIMITED LIABILITY
PARTNERSHIP

PARTNERSHIP

OTHER (SPECIFY)

3. CLASSIFICATIONS AND QUALIFYING PARTIES: (use additional sheets if necessary)

Classification

QP First Name

QP Last Name

QP Social Security Number

Mailing Address / Address of Record

Email Address

CITY

STATE

ZIP CODE

QP Date of Birth

Choose One: Owner Corp Officer LLC Member Employee Partner Other (Specify) _____

Classification

QP First Name

QP Last Name

QP Social Security Number

Mailing Address / Address of Record

Email Address

CITY

STATE

ZIP CODE

QP Date of Birth

Choose One: Owner Corp Officer LLC Member Employee Partner Other (Specify) _____

4. QUALIFYING PARTY HISTORY:

QP Name _____

a) Have you previously been a Qualifying Party for a licensed New Mexico contractor? _____ NO _____ YES

If "yes" provide the following information. Please attach separate sheets, if necessary.

Company Name: _____

NM License # _____ Dates: ____/____/____ to ____/____/____

b) If you are already the qualifying party on a New Mexico contractor license, please complete the following, as applicable:

- ❖ I am TERMINATING my relationship as QP on License # _____. Effective date of termination: _____
- ❖ I am CANCELLING my current license # _____. Effective date of cancellation: _____
- ❖ 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, license numbers, and ownership information for each licensee.
- c) Are you current with child support regulations in New Mexico? _____ **Not Applicable** _____ NO _____ YES
- d) Have you worked outside the scope of your classification(s) in the last 12 months? _____ 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) Do you have any unresolved complaints with CID or in any other state? _____ NO _____ YES
- j) Has your license or certificate ever been revoked in any other state? _____ NO _____ YES
- k) Have you ever been convicted of a disqualifying felony pursuant to *NMAC 14.6.3.8 F*? _____ NO _____ YES

If you answered "no" to question c, or "yes" to any question d-k, submit a detailed explanation with documentation.

5. AFFIRMATION AND SIGNATURE

I hereby affirm, under penalty of perjury, that:

I am familiar with the provisions of the construction industries licensing act, its rules, regulations, codes, and standards and shall fully comply with all provisions of these laws. 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 of the licensee, qualifying party (including without limitation change of address, change of qualifying party, change of licensee name or legal entity, change of authorized contact), and 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 print your full name _____

Date _____, 20____

NOTARY

County of _____

State of _____

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

Notary Public

SEAL

My commission expires _____, 20____

List of Ownership and Personnel

Provide the information below for individuals including, but not limited to:

All owners of the company, all managing partners, all officers registered with the SOS/PRC, all managing members, and all individuals otherwise authorized to legally bind the entity.

PLEASE NOTE: If you are neither a QP nor listed in the personnel section, you can neither sign on behalf of the company, nor obtain information on its status.

First Name: _____ Last Name: _____ SSN: ____ - ____ - _____ Title: _____ DOB: _____ Address: _____ City: _____ State: _____ ZIP: _____ Can this person make changes to the license? Yes <input type="checkbox"/> No <input type="checkbox"/> Email: _____
First Name: _____ Last Name: _____ SSN: ____ - ____ - _____ Title: _____ DOB: _____ Address: _____ City: _____ State: _____ ZIP: _____ Can this person make changes to the license? Yes <input type="checkbox"/> No <input type="checkbox"/> Email: _____
First Name: _____ Last Name: _____ SSN: ____ - ____ - _____ Title: _____ DOB: _____ Address: _____ City: _____ State: _____ ZIP: _____ Can this person make changes to the license? Yes <input type="checkbox"/> No <input type="checkbox"/> Email: _____
First Name: _____ Last Name: _____ SSN: ____ - ____ - _____ Title: _____ DOB: _____ Address: _____ City: _____ State: _____ ZIP: _____ Can this person make changes to the license? Yes <input type="checkbox"/> No <input type="checkbox"/> Email: _____
First Name: _____ Last Name: _____ SSN: ____ - ____ - _____ Title: _____ DOB: _____ Address: _____ City: _____ State: _____ ZIP: _____ Can this person make changes to the license? Yes <input type="checkbox"/> No <input type="checkbox"/> Email: _____

6. COMPANY HISTORY

- | | | |
|--|----------|-----------|
| a) Has the company completed any work outside the scope of your classification(s) in the last 12 months? | _____ NO | _____ YES |
| b) Are there any unpaid judgments against the company from any state? | _____ NO | _____ YES |
| c) Does the company have any outstanding fines with CID? | _____ NO | _____ YES |
| d) Does the company have any outstanding permit fees with any jurisdiction? | _____ NO | _____ YES |
| e) Has the company bid or performed any unlicensed work in the last 12 months? | _____ NO | _____ YES |
| f) Does the company have any unresolved complaints with CID or in any other state? | _____ NO | _____ YES |
| g) Has your license or certificate ever been revoked in any other state? | _____ NO | _____ YES |
| h) Is the company licensed in any other state? <i>If "yes," provide verification.</i> | _____ NO | _____ YES |

If you answered "yes" to any question above, submit a detailed explanation with documentation.

7. REGISTERED AGENT INFORMATION: If applicant is a Corporation, LLC, or LLP, please provide the name and the New Mexico address of the applicant's registered agent.

REGISTERED AGENT NAME _____

AGENT'S PHYSICAL ADDRESS (NO PO BOX OR RURAL ROUTES ACCEPTED) _____

CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER _____

8. AFFIRMATION AND SIGNATURES

I hereby affirm, under penalty of perjury, that:

I am the _____ (provide title such as owner, president, manager, etc.) 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 further affirm that 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 licensee 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 print your full name _____

Date _____, 20____

NOTARY

County of _____

State of _____

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

Notary Public _____

SEAL

My commission expires _____, 20____

9. PAYMENT

An application fee of **\$36.00 PLUS a classification fee for EACH** classification is required to be submitted with the application.

Classification Fees:

	\$300 per classification	\$150 per classification
GB02 GB98 GA98		All other single classifications
GF98 EE98 MM98		

The maximum fee for multiple classifications within a category is \$300

Examples:

GB98 + Any GS classification \$300

EE98 + Any ES classification \$300

MM98 + Any MS classification \$300

If changing entities, please contact PSI for a pro-rated fee.

Submit Application Packet and Payment to (by walk-in or mail):

PSI, 9550 San Mateo Blvd NE, Suite F, Albuquerque, NM 87113

(877) 663-9267 public.psiexams.com

➡ Payments may be made by personal check, company check, money order, cashier's check, credit card (**NO CASH**)

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

Check one: MC ___ VISA ___ AMEX ___ DISC ___ Full Card No. _____

Expiration Date: _____ Card Verification No: _____ Zip Code: _____

Cardholder Name (Print) _____ Signature: _____

For your security, PSI requires you to enter the card identification number located on the credit card. The card Identification number is usually located on the back of the card and consists of the last three digits on the signature strip.