HOW TO RENEW A CONTRACTOR LICENSE

Your New Mexico contractor license will expire every three years, effective on the last day of the month in which it was issued. For example, if your license was issued on November 4, 2011, it will expire on November 30, 2014.

PLEASE NOTE: Renewal forms will be sent only to your address of record. If you do not renew before your expiration date, a suspension notice in the form of a renewal application will be sent to you again 15 days after your expiration date. If you have moved and have not completed the change of address of record procedure, you may not receive renewal forms. WHETHER OR NOT YOU RECEIVE NOTICE OF RENEWAL IT IS YOUR RESPONSIBILITY TO RENEW YOUR LICENSE ON TIME. YOUR LICENSE WILL EXPIRE IF NOT PROPERLY RENEWED.

Once you receive a renewal application, please submit to PSI with the following items:

- Renewal application: must be complete, legible, signed by an individual who has authority to sign for the licensee and by the qualifying party(s) on the license for each classification. You must correct any information that is printed on the form that is no longer correct.
- The application must be properly notarized. Only originals are accepted.
- Applicable license renewal fee, payable to PSI.
- Valid Code Bond on file
- Self addressed envelope with sufficient postage. This envelope will be used to send your renewal materials back to you if your submission is rejected, or to send your new certificate once your renewal documents have been processed.

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

**Complete submissions must be mailed or hand delivered. Faxed or emailed forms will not be accepted.**

INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED. If your packet is incomplete, incorrect, or otherwise insufficient it will be rejected, and returned to you along with a statement of the reason for rejection. Applications that are rejected and returned to you for correction are considered not submitted.

GENERAL INFORMATION: Licenses not postmarked by the expiration date are suspended. Licenses not renewed within 90 days of the expiration date are cancelled. Late fees will be assessed as follows: 1-30 days=$1.00 per day, 30-90 days=equivalent to 1 year’s fee. After 90 days, the license will be cancelled. Corrected renewals re-submitted after the license expiration dates are subject to late fees, suspension, and cancellation as indicated above.

**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. The Workers’ Compensation Administration is located at 2410 Centre Ave. S.E. Albuquerque, NM 87106. The telephone number is (505) 841-6000.**

**Qualifying Parties are subject to compliance with the Parental Responsibilities Act.**
NEW MEXICO
APPLICATION for CONTRACTOR LICENSE RENEWAL

AN INCOMPLETE, INCORRECT OR OTHERWISE DEFECTIVE APPLICATION WILL NOT BE PROCESSED. PRINT CLEARLY. USE ALL CAPITAL LETTERS.

DATE: __________________________

Section A. PLEASE PROVIDE THE FOLLOWING INFORMATION:

LICENSE NUMBER: __________________________  EXPIRATION DATE: __________________________

BUSINESS NAME: __________________________

ADDRESS OF RECORD: __________________________

CITY: __________________________  STATE: ___________  ZIP: ___________

PHONE NUMBER: __________________________  Email: __________________________

QUALIFYING PARTY/PARTIES: __________________________

Signature: __________________________

Signature: __________________________

Signature: __________________________

Signature: __________________________

Signature: __________________________

CLASSIFICATION(S): __________________________

Section B. PLEASE VERIFY BUSINESS TYPE

☐ Sole Proprietor  ☐ Corporation  ☐ Limited Liability Company  ☐ Joint Venture

☐ Partnership (General)  ☐ Partnership (Limited)  ☐ Limited Liability Partnership

☐ Other (please specify) __________________________

Section C. PLEASE CHECK THE APPROPRIATE BOX

☐ Valid Code Bond on File  ☐ New Bond Enclosed
Section D. ATTESTATION

Check and sign below to attest to the following:

☐ I have not bid or performed work that is beyond the scope of my license in the last 24 months.
☐ I have not allowed any person or business to use my license or my license number for the purpose of engaging in contracting 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.
☐ If required, my company is in good standing with the New Mexico Public Secretary of State.
☐ I am authorized to legally bind and sign on behalf of the licensee to whom this renewal application applies.

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 E. PAYMENT

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

PSI, 2820 BROADBENT PKWY NE STE E&F, Albuquerque, NM 87107
(877) 663-9267 public.psiexams.com

☒ Make all checks or money orders payable to PSI.
☒ Walk-in payments may be made by personal check, company check money order, cashiers check, VISA, MasterCard, American Express or Discover. (NO CASH)
☒ Mail payments may be made by personal check, company check money order, cashiers check, VISA, MasterCard, American Express or Discover (NO CASH).

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

(Check one): ☐ MC ☐ VISA ☐ American Express ☐ Discover

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: ______________________
CONSTRUCTION INDUSTRIES DIVISION
CONTRACTOR LICENSE CODE BOND

BOND NUMBER: __________________

KNOW ALL PERSONS BY THESE PRESENTS:

That we, _________________________________________________________________, as Principal,
(Must match the name on the license)

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, as Surety, are both held and firmly bound unto the State of New Mexico, Regulation and Licensing Department, and any person suffering damage due to a code violation by the Principal, as Obligee, in the penal sum of TEN THOUSAND DOLLARS ($10,000.00), lawful money of the United States of America, for the payment of which sum, well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH that the Principal has applied to the Obligee for a license to engage in the contracting business in the State of New Mexico and, as a condition of being granted such license, gives this bond which shall run concurrent with the license term, which is three (3) years from the date of issuance, to comply with the requirements of NMSA 1978, § 60-13-49, which statute is incorporated herein as though fully set forth.

NOW, THEREFORE, the Principal shall faithfully perform all construction work in compliance with all applicable building codes, as set forth in NMAC Title 14, Chapters 7 through 10, and shall cure any violation certified by the Obligee within the time period specified by the Obligee. If the Principal fails to cure any violation, after being given reasonable time to cure such violation, and if the Obligee certifies such failure to Surety, pursuant to NMAC Title 14, Chapter 5, Part 9, Subsection 10, the Surety shall indemnify any consumer pursuant to NMAC Title 14, Chapter 5, Part 9.

If the Principal fulfills its obligations under NMAC Title 14, Chapters 7 through 10, then this obligation shall be void upon cancellation or expiration of the bond, otherwise to remain in full force and effect for a period commencing on the _____ day of ________, 20____, and expiring at the end of the month that the license expires unless the Obligee receives a Continuation Certificate issued by the Surety.

PROVIDED, this bond is issued subject to the following express conditions:

1. After the initial term, this bond may be renewed for a subsequent term of three (3) years by filing a Continuation Certificate issued by the Surety.

2. It is understood and agreed that the aggregate liability of the Surety shall not exceed the penal sum of this bond, and if the Surety so elects, this bond may be cancelled by the Surety upon thirty (30) days written notification to PSI Services, LLC. the Obligee’s third-party vendor, or thirty (30) days after Surety’s receipt of Obligee’s written request.

3. Any claim against the bond must be made within two (2) years from the date on which the days after Surey’s receipt of final inspection of the work for which the code violation occurred was performed by the jurisdiction having code enforcement authority, or the issuance date of the certificate of occupancy for the project for which the code violation occurred, whichever is earlier, pursuant to NMAC Title 14, Chapter 5, Part 9, Subsection 8.

4. Regardless of the number of years this bond shall continue in force, the number of claims made against this bond, and the number of premiums which shall be payable or paid, the Surety's total
limit of liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be cumulative.

SIGNED and DATED this _______ day of __________, ________.

Principal Name

By________________________________   By:_________________________________

Surety Name

By:______________________________________________________________

Name and Title

By:______________________________________________________________

Attorney-in-Fact

Name of local Agency issuing bond: ____________________________

Address: ______________________________________________________

Phone Number: ____________________________

Email Address: ____________________________

Power of attorney must accompany the bond

Form Effective Date 9/1/2022