

NEW MEXICO CID
INDIVIDUAL/PERSONAL STATUS CHANGE FORM

AN INCOMPLETE, INCORRECT OR OTHERWISE DEFECTIVE FORM WILL NOT BE PROCESSED
FEES WILL NOT BE REFUNDED. **PRINT CLEARLY, USE ALL CAPITALS**

1. Change(s) Requested on This Form:

DATE: ____/____/____

- ☐ Address/Contact Info Change
(Complete Sections 2 and 4)
- ☐ Cancel License (Complete Sections 2, 3, and 4)
- ☐ New Licensee Name (Complete Sections 2 and 4)

2. Provide Current Licensee Information

Certificate Number: _____

Name:

(IF NAME CHANGE) New Name: ***Must include copy of SSN card and license in new name***

Current MAILING Address: This is a change Y / N **CIRCLE ONE**

City State ZIP

Current PHYSICAL Address: This is a change Y / N **CIRCLE ONE**

City State ZIP

Email: _____ Email: _____

Phone Number (_____) _____-____ Phone Number 2 (_____) _____-____

3. I am CANCELLING my current Certificate #: _____, effective: _____.

4. **COMPANY HISTORY**

- | | | | |
|--|---|-----------------------------|------------------------------|
| a) Are you current with child support regulations in New Mexico? | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| b) Have you worked outside the scope of your classification(s) in the last 12 months? | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| c) Are there any unpaid judgments against you from any state? | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| d) Do you have any outstanding fines with CID? | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| e) Do you have any outstanding permit fees with any jurisdiction? | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| f) Have you bid or performed any unlicensed work in the last 12 months? | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| g) Do you have any unresolved complaints with CID or in any other state? | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| h) Has your license or certificate ever been revoked in any other state? | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| i) Have you ever been convicted of a disqualifying felony pursuant to <i>NMAC 14.6.3.8 F</i> ? | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

If "YES" to any question, **MUST** attach a detailed explanation

I hereby affirm, under penalty of perjury, that:

I am the _____ (provide a title such as owner, president, manager) of the licensee and I am authorized to legally bind the applicant.

All information provided in this form is true and correct to the best of my knowledge. I understand that any false statement made by me in this application may result in administrative action against any license or certification affected by this status change request.

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 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____