

LPG QUALIFYING PARTY CERTIFICATE 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)

FIRST NAME

MIDDLE NAME

LAST NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH (MM/DD/YY)

SOCIAL SECURITY NUMBER

DAYTIME PHONE

ALTERNATIVE PHONE

2. CLASSIFICATIONS: Enter the classification(s) for which you are applying. Consult the New Mexico LP Gas Standards for classifications.

Classification Code (Example:
LP-5, LP-3S)

OFFICIAL USE ONLY

Cert #: _____ Issued: _____

Cert #: _____ Issued: _____

Cert #: _____ Issued: _____

3. QUALIFYING PARTY APPLICANT'S HISTORY:

QP Name _____ Email _____

a) Are you current with child support regulations in New Mexico? _____ N/A _____ NO _____ YES

b) Do you have any unresolved complaints with LP Gas Bureau? _____ NO _____ YES

c) Are you applying for expedited certification as a military service member pursuant to NMAC 19.15.40.9 D? _____ NO _____ YES

d) Have you ever been convicted of a disqualifying felony pursuant to NMAC 19.15.40.9 B? _____ NO _____ YES

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

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

OFFICIAL USE ONLY:

DATE: ____/____/____

BY: _____

4. **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 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____

5. **NOTARY**

County of _____

State of _____

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

Notary Public

SEAL

My commission expires _____, 20____

6. **PAYMENT:** An application fee of **\$15 PLUS** a certificate fee of **\$10.00 for EACH classification** is required to be submitted with the application.

Submit Application Packet and Payment to (by walk-in or mail):
PSI, 9550 SAN MATEO BLVD NE, STE 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.