

NEW MEXICO
APPLICATION FOR RENEWAL OF LP GAS LICENSE

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

TO AVOID LATE FEES, PLEASE COMPLETE THIS APPLICATION AND RETURN IT TO PSI AT THE ADDRESS SHOWN UNDER SECTION D BEFORE THE EXPIRATION DATE.

Section A. PLEASE PROVIDE THE FOLLOWING INFORMATION

LICENSE NUMBER: _____

EXPIRATION DATE: _____

COMPANY NAME: _____

ADDRESS OF RECORD: _____

CITY: _____ STATE: _____ ZIP: _____

PLEASE PROVIDE CURRENT PHONE NUMBER: _____

Email Address: _____

TYPE OF BUSINESS ENTITY. PLEASE CHECK COMPANY ENTITY:

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

LIST ALL QUALIFYING PARTIES CURRENTLY ATTACHED TO THE LICENSE. IF ANY QUALIFYING PARTIES WERE DROPPED FROM THE LICENSE WITHIN THE PAST YEAR, PLEASE LIST AND INDICATE THE DROP DATE. NOTE: YOU CANNOT ADD QUALIFYING PARTIES WITH THIS FORM.

| QUALIFYING PARTY | CLASSIFICATION | DROP DATE (IF APPLICABLE) |
|------------------|----------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Section B. INDICATE WHICH CLASSIFICATIONS YOU ARE RENEWING

***Note:** You only pay once for each classification, no matter how many QP's are attached to the license for that classification.

| | | | |
|--|------|-----------------|----------------|
| Wholesale sale or Delivery of LP Gas | LP01 | \$125 | _____ |
| Retail Sale of LP Gas | LP3S | \$65 | _____ |
| Limited installation service and repair | LP04 | \$125 | _____ |
| Installation service and repair | LP05 | \$125 | _____ |
| Installation service and repair of mobile units only | LP06 | \$75 | _____ |
| Wholesale sale or manufacture of appliances, equipment or containers | LP07 | \$60 | _____ |
| Installation, service and repair of cylinder exchange cabinets | LP08 | \$35 | _____ |
| Station for dispensing LP Gas | LP09 | \$35 | _____ |
| LP Gas carburetion sales, service and installation including repair | LP10 | \$35 | _____ |
| CNG carburetion sale, service and installation | CNG1 | \$35 | _____ |
| LNG carburetion sale, service and installation | LNG1 | \$35 | _____ |
| If subtotal exceeds \$300, reduce payment to \$300 | | SUBTOTAL | _____ |
| *ADD \$10 FOR EACH QUALIFYING PARTY on license | | _____ X | |
| | | \$10 | |
| Late Fees (See #1 below) | | | |
| | | TOTAL | _____ _____ |

***IMPORTANT INFORMATION FOR LP-GAS RENEWALS**

1. If you have not renewed by the expiration date, your license will be suspended and late fees will be assessed as follows: \$1.00 a day for the first 30 days, over 30 days late fee is \$100.00. If your license has not been renewed within 1 year, it will be cancelled. Incomplete renewal forms submitted late in the month that are returned to you for completion will be considered late, suspended and will require payment of a late fee.
2. Every year upon your LP-Gas renewal, you will need to submit proof of current Liability insurance. Please submit a copy of your Liability Insurance with this renewal application. Companies without current Liability Insurance at time of renewal will be rejected and your license may be suspended.
3. Workers compensation insurance is required of all licensees. If you are a sole proprietor you may be exempt from Workers' Compensation Insurance Requirements. The Workers' Compensation Administration is located at 2410 Central Ave SE, Albuquerque, NM 87106. The telephone number is (505)841-6000.

Section C. ATTESTATION.

a. Does this company:

- | | | |
|---|-----------------------------|------------------------------|
| ⇒ Have any unresolved complaints pending with LP Gas Bureau? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| ⇒ Have any outstanding or unpaid judgments? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| ⇒ Have any outstanding fines with LP Gas Bureau? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| ⇒ Have any outstanding permit fees with LP Gas Bureau? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| ⇒ If required, my company is in good standing with the New Mexico Secretary of State. | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

Applicant 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_____

Section D. PAYMENT Submit Application Packet and Payment to:

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

(877) 663-9267
public.psiexams.com

- Walk-in or mail only
- 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 or American Express. **(NO CASH)**
- 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 ANY APPLICATION BY FAX OR EMAIL**

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

Full Card No: _____ Expiration Date: _____

Card Verification #: _____

ZIP: _____

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: _____