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 F	PROVIDE	THE FOLLOWI	NG INFORMA	NOITA		
LICENSE NUMBER:						
EXPIRATION DATE:						
COMPANY NAME:						
ADDRESS OF RECORD:						
CITY: _				STATE:	ZIP: _	
PLEASE PROVIDE CURF						
Email Address:						
TYPE OF BUSINESS EN	<u>ITITY</u> . F	PLEASE CHECK	COMPANY E	NTITY:		
☐ Sole Proprietor ☐ Joint Venture				rporation tnership (Limited)	☐ Partnership (Genera☐ Other (please specif	
LIST ALL QUALIFYING WERE DROPPED FROM TI YOU CANNOT ADD QUA	HE LICEN LIFYING	SE WITHIN THE PARTIES WITH	PAST YEAR, P THIS FORM.	LEASE LIST AND II	NDICATE THE DROP DA	
QUALIFYING P	ARTY	CLASSI	IFICATION	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	
Late Fees (See #1 below)			
	TO	ΓAL	

*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.

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Section C. ATTESTATION.				
⇒ Have any outstanding or ur⇒ Have any outstanding fines⇒ Have any outstanding perm	with LP Gas Bureau?	□ NO□ NO□ NO□ NO	☐ YES ☐ YES ☐ YES ☐ YES ☐ 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		
Albuquerque, NA (877) 663-9267 Walk-in or mail only Make all checks or money ord Walk in payments may be made in MasterCard or American Express Mail payments may be made in MasterCard or American Express ALL SUBMISSIONS	Pkwy NE, Suite E&F N 87107public.psiexams.com ers payable to PSI. de by personal check, company check, money orcess. (NO CASH) by personal check, company check, money order,			
Check one): MC VISA American Expre	ess			
Full Card No:	Expiratio	n Date:		
Card Verification No:	For your security, PSI requires you to enter the card identification number located or your credit card. The card identification number is located on the back of the card consists of the last three digits on the signature strip.			
Cardholder Name (Print):	Signature:			



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