

NEW MEXICO APPLICATION LPG QUALIFYING PARTY CERTIFICATE

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

1. APPLICANT INFORMATION

Today's Date (MM/DD/YYYY)

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|---|--|--|
| First Name <table border="1" style="width: 100%; height: 20px;"></table> | Middle Name <table border="1" style="width: 100%; height: 20px;"></table> | Last Name <table border="1" style="width: 100%; height: 20px;"></table> |
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| | | | |
|--|---|--|---|
| Address <table border="1" style="width: 100%; height: 20px;"></table> | City <table border="1" style="width: 100%; height: 20px;"></table> | State <table border="1" style="width: 100%; height: 20px;"></table> | Zip Code <table border="1" style="width: 100%; height: 20px;"></table> |
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| Social Security Number <table border="1" style="width: 100%; height: 20px;"></table> | - | | - | | Age <table border="1" style="width: 100%; height: 20px;"></table> | | Daytime Phone <table border="1" style="width: 100%; height: 20px;"></table> | - | | | - | | Alternative Phone <table border="1" style="width: 100%; height: 20px;"></table> | - | | | | - | | | - | | | - | |
|---|---|--|---|--|--|--|--|---|--|--|---|--|--|---|--|--|--|---|--|--|---|--|--|---|--|

Date of Birth (MM/DD/YYYY)

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Email

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| <table border="1" style="width: 100%; height: 20px;"></table> | @ | <table border="1" style="width: 100%; height: 20px;"></table> |
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2. CLASSIFICATIONS. Enter the classification(s) for which you are applying. Consult the LP Gas Standards. For example:
LP-5.

| | |
|---|---|
| Classification <table border="1" style="width: 100%; height: 40px;"></table> | Classification <table border="1" style="width: 100%; height: 40px;"></table> |
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4. AFFIRMATION AND SIGNATURE

⇒ Are you in compliance with the Parental Responsibilities Act? NO YES N/A

I hereby affirm, under penalty of perjury, that 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 my status as a qualifying party or change of address, and failure to do so can result in administrative action up to and including revocation of the certificate affected by the change.

Applicant signature: _____ Date: _____

Please provide full name (PRINTED): _____

NOTARY

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

SEAL

Notary Public

My commission expires _____ 20_____



6. **PAYMENT**

Submit application packet and \$15 application fee to:

Drop Box:
PSI Services LLC
2820 Broadbent Pkwy NE Ste E&F
Albuquerque, NM 87107
(877) 663-9267

Mail:
PSI Service LLC
Po Box 45450
Rio Rancho, NM 87174

- Drop Box or mail only
- Make all checks or money orders payable to PSI.
- Payments may be made by personal check, company check money order, cashier's check, or credit card (VISA, MasterCard, American Express, Discover). (NO CASH)

ALL SUBMISSIONS MUST INCLUDE ORIGINAL DOCUMENTS.

***YOU MAY NOT SUBMIT ANY APPLICATIONS BY FAX.**

Payment by Credit Card:

Check one: VISA MasterCard American Express Discover

Card No: _____ Exp. Date: _____

Card Verification # _____ *The card verification number may be found on the back of the card (last three digits on the signature strip) or on the front of card (4 digits above and to the right of the credit card number).*

Billing Street Address: _____ Billing Zip Code: _____

Cardholder Name (Print): _____ Signature: _____