



**4. LP DEALER LICENSE CLASSIFICATIONS.** Enter the classification(s) for which you are applying, i.e., LP01, LP3S, etc.


**5. CLASSIFICATION and QUALIFYING PARTIES.** Enter the classification(s) of qualifying parties to be added or dropped. If not currently a valid qualifying party, attach LPG Qualifying Party Application with test scores or training certificates (LP09). If applying for LP04, indicate MM02/MM98 license number.

ADD  DROP  TERMINATION DATE: \_\_\_\_\_

Classification	QP First Name	QP Last Name	QP Social Security Number
_ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _  -  _ _  -  _ _ _ _ _

Licenses you currently qualify: License# \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Licenses from which you are dropping: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

QP Date of Birth  
|\_|\_| / |\_|\_| / |\_|\_|

Are you in compliance with the Parental Responsibilities Act?  YES  NO

Signature: X \_\_\_\_\_

ADD  DROP  TERMINATION DATE: \_\_\_\_\_

Classification	QP First Name	QP Last Name	QP Social Security Number
_ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _  -  _ _  -  _ _ _ _ _

Licenses you currently qualify: License# \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Licenses from which you are dropping: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

QP Date of Birth  
|\_|\_| / |\_|\_| / |\_|\_|

Are you in compliance with the Parental Responsibilities Act?  YES  NO

Signature: X \_\_\_\_\_

ADD  DROP  TERMINATION DATE: \_\_\_\_\_

Classification	QP First Name	QP Last Name	QP Social Security Number
_ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _  -  _ _  -  _ _ _ _ _

Licenses you currently qualify: License# \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Licenses from which you are dropping: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

QP Date of Birth  
|\_|\_| / |\_|\_| / |\_|\_|

Are you in compliance with the Parental Responsibilities Act?  YES  NO

Signature: X \_\_\_\_\_

ADD  DROP  TERMINATION DATE: \_\_\_\_\_

Classification	QP First Name	QP Last Name	QP Social Security Number
_ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _  -  _ _  -  _ _ _ _ _

Licenses you currently qualify: License# \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Licenses from which you are dropping: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

QP Date of Birth  
|\_|\_| / |\_|\_| / |\_|\_|

Are you in compliance with the Parental Responsibilities Act?  YES  NO

Signature: X \_\_\_\_\_



**6. OWNERSHIP AND PERSONNEL.** Provide the full name and address of the following individuals: All owner(s) of the company. If a sole proprietor, the individual applying; if a partnership, all partners; if a corporation, all officers registered with PRC; if an LLC, all members; if a joint venture, or other type of legal entity, all individuals authorized to legally bind the entity. Additional sheets can be downloaded at [public.psiexams.com](http://public.psiexams.com).

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

Zip Code

--	--	--	--

Social Security Number

--	--	--	--	--	--	--	--

Date of Birth

		/			/		
--	--	---	--	--	---	--	--

Title: \_\_\_\_\_ Is this person authorized to request any changes to the license?  Yes  No

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

Zip Code

--	--	--	--

Social Security Number

--	--	--	--	--	--	--	--

Date of Birth

		/			/		
--	--	---	--	--	---	--	--

Title: \_\_\_\_\_ Is this person authorized to request any changes to the license?  Yes  No

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

Zip Code

--	--	--	--

Social Security Number

--	--	--	--	--	--	--	--

Date of Birth

		/			/		
--	--	---	--	--	---	--	--

Title: \_\_\_\_\_ Is this person authorized to request any changes to the license?  Yes  No

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

Zip Code

--	--	--	--

Social Security Number

--	--	--	--	--	--	--	--

Date of Birth

		/			/		
--	--	---	--	--	---	--	--

Title: \_\_\_\_\_ Is this person authorized to request any changes to the license?  Yes  No

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

Zip Code

--	--	--	--

Social Security Number

--	--	--	--	--	--	--	--

Date of Birth

		/			/		
--	--	---	--	--	---	--	--

Title: \_\_\_\_\_ Is this person authorized to request any changes to the license?  Yes  No

---

**7. AFFIRMATIONS AND SIGNATURES**

- a. Do you have any unresolved complaints pending with LP Gas Bureau?  NO  YES
- b. Are there any unpaid judgments against you?  NO  YES
- c. Do you have any outstanding fines with LP Gas Bureau?  NO  YES
- d. Do you have any outstanding permit fees with LP Gas Bureau?  NO  YES

I hereby affirm, under penalty of perjury, that:

I am the \_\_\_\_\_ (provide a title such as owner, president, manager, etc.) 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 provide full name (PRINTED): \_\_\_\_\_

Date: \_\_\_\_\_ 20\_\_\_\_\_

---

**NOTARY**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

SEAL

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_, 20\_\_\_\_\_

---

## 8. PAYMENT

Submit application packet and payment to:

PSI  
2820 Broadbent Pkwy NE, Suite E&F  
Albuquerque, NM 87107  
(877) 663-9267 [public.psiexams.com](http://public.psiexams.com)

- Walk-in or mail only.
- Make checks payable to PSI.
- Walk-in payments may be made by cash, personal check, company check, money order, cashiers check, VISA, MasterCard or American Express..
- Mail payments may be made by personal check, company check, money order, cashiers check, VISA, MasterCard or American Express. (NO CASH).
- See Fees below.

**ALL SUBMISSIONS MUST INCLUDE ORIGINAL DOCUMENTS.  
\*YOU MAY NOT SUBMIT AN APPLICATION BY FAX.**

**Status Change Form requires a \$15 application fee and any additional fees required.**

(Dropping a qualifying party, canceling a license, change in personnel, and an address change request do not require any fees).

**Adding a Classification:** If your company does not already hold the classification being added, please contact PSI for a prorated fee.

LP01 Wholesale sale or delivery of LP gas \$125  
LP3S Retail sale of LP Gas \$65  
LP04 Limited Installation & Repair (must hold MM02 or MM98) \$125  
LP05 Installation, service & repair \$125  
LP06 Installation, service & repair of mobile units only \$75  
LP07 Wholesale or manufacture of appliances, equipment or containers \$60

LP08 Installation, service and repair of cylinder exchange cabinets \$35  
LP09 Station for dispensing LP gas \$35  
LP10 LP gas carburetion sales, service & installation, including repair \$35  
LNG1 LNG carburetion sale, service & installation \$35  
CNG1 Carburetion sale, service, and installation \$35

(Check one):  MC  VISA

Full Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Verification No: \_\_\_\_\_

*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: \_\_\_\_\_