

MHD CROSSOVER APPLICATION

REGISTRATION FOR LICENSED CONTRACTORS PERFORMING WORK ON MANUFACTURED HOMES

This application is solely for those who already have an issued CID license. Any New Mexico licensed contractor who intends on performing electrical, plumbing, mechanical and/or permanent foundation work on a manufactured home **MUST** register with the Manufactured Housing Division before doing any work.

Licensed contractors who wish to set up a manufactured home are required to first obtain an **installer license** from the Manufactured Housing Division.

Please submit the following:

- 1) The signed **original** CID Crossover Contractor Consumer Protection Bond in the amount of \$10,000. (Form attached.)
- 2) A \$100.00 payment, by credit card, or a check or money order made out to PSI. A military service member or a veteran who is issued a license pursuant to this section shall not be charged an initial or renewal licensing fee for the first three years of licensure. NMSA 1978, § 61-1-34(C).
- 3) If your business is a corporation, limited liability company, limited partnership, limited liability partnership or a general partnership, you must submit a certificate of good standing from the Secretary of State. 14.12.2.8 (K) NMAC.

NOTICE REGARDING ALL WORK:

All work performed under an MHD Crossover License shall be performed according to the requirements of the New Mexico Manufactured Housing Act (MHA), NMSA 1978, §§ 60-14-1 through 60-14-20, and the regulations adopted pursuant to the MHA, found in the New Mexico Administrative Code at Sections 14.12.1 through 14.12.11, and all other relevant requirements including, but not limited to, the Construction Industries Licensing Act.

**REGISTRATION FOR LICENSED CONTRACTORS
PERFORMING WORK ON MANUFACTURED HOMES**

ANNUAL REGISTRATION FEE **\$100.00** -- Pursuant to 14.12.10.8 (I) NMAC

Date: _____

BUSINESS NAME: _____

PRIMARY EMAIL: _____ SECONDARY EMAIL: _____

MAILING ADDRESS: _____
(STREET ADDRESS)

(CITY) (STATE) (ZIP)

PHYSICAL ADDRESS: _____
(STREET ADDRESS)

(CITY) (STATE) (ZIP)

TELEPHONE (BUSINESS): () - TELEPHONE (EVE): () -

CID LICENSE CLASSIFICATION(S): _____ CID LICENSE# _____

LICENSEES AND PERSONNEL – QPs

(All persons authorized and eligible classifications must be listed. Please attach additional pages if needed.)

QP NAME: _____ DOB: _____

SSN: - - CLASSIFICATION: _____

QP NAME: _____ DOB: _____

SSN: - - CLASSIFICATION: _____

PERSONNEL

(Other persons authorized to make changes to and access information. At least one person must be listed.)

First Name: _____ Last Name: _____

SSN: - - Title: _____ DOB _____

Mailing Address: _____ City: _____

State: _____ ZIP: _____ Can this person make changes to the license? Yes ☐ No ☐

Email: _____

First Name: _____ Last Name: _____

SSN: - - Title: _____ DOB _____

Mailing Address: _____ City: _____

State: _____ ZIP: _____ Can this person make changes to the license? Yes ☐ No ☐

Email: _____

COMPANY HISTORY

Please answer the following questions, marking the box to the LEFT of the answer.

If you need to make a correction, please CIRCLE the CORRECT answer, and initial the change.

1. Are you familiar with the Manufactured Housing Act and its Regulations? ☐ YES ☐ NO
2. Have you previously been licensed in any occupation or profession in the State of New Mexico, or in any other state? ☐ YES ☐ NO
 If yes, type of license: _____ Company name: _____
 State: _____ Lic# _____ Date Issued: _____
 Date Surrendered: _____ Reason: _____
3. Do you have any unresolved complaints pending with MHD and/or CID? ☐ YES ☐ NO
4. Are you current with child support payments in all states? ☐ NOT APPLICABLE ☐ YES ☐ NO
5. Do you have any outstanding fines with MHD/CID? ☐ YES ☐ NO
6. Do you have any outstanding permit fees with any jurisdiction? ☐ YES ☐ NO
7. Have you bid or performed any unlicensed work in the last 24 months? ☐ YES ☐ NO
8. Have you worked outside the scope of your classification(s) in the last 24 months? ☐ YES ☐ NO
9. Has your license or certificate ever been revoked in New Mexico, or any other state? ☐ YES ☐ NO
10. Have you ever been convicted of a disqualifying felony pursuant to 14.12.2.8 (H) NMAC? ☐ YES ☐ NO
11. Are there any judgments, liens, or suits, either pending or recorded, against applicant (either company or individual)? If yes, attach details on a separate page. Include: Case number and court; date suit/lien filed; date of judgment or recording of lien; and amount of liability (if any). ☐ YES ☐ NO

AFFIRMATIONS AND SIGNATURE

I hereby state, acknowledge and affirm, under penalty of perjury, that:

I am the _____ (title: e.g., owner, QP, etc.) of the applicant, and I am authorized to legally bind the applicant.

I have reviewed the provisions of the Manufactured Housing Act, its rules, regulations, codes and standards, and I understand my responsibilities and agree to fully comply with all provisions of these laws.

All information provided herein 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, up to and including fines and revocation of the license or certificate affected by the statement.

I 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 fines and revocation of the license or certificate affected by the change.

Applicant Signature: _____
Full Name (PRINT) _____

Date: _____

Notary

State of _____

County of _____

This record was acknowledged before me on _____,
(Date)

by _____.

Name of Individual

Signature of Notarial Officer

(Seal)

PAYMENT

Crossover: \$100

Submit Application Packet and Payment to (by walk-in or mail):

PSI
9550 San Mateo Blvd. NE, Suite F
Albuquerque, NM 87113

(877) 663-9267 <https://public.psiexams.com>

Payments may be made by personal check, company check, money order,
cashier's check, credit card (**NO CASH**). Make checks payable to PSI.

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. (CVV):** _____ **Zip Code:** _____

Cardholder Name (Print) _____

Signature: _____

For your security, PSI requires you to enter the card verification number located on the credit card. The card verification number is usually located on the back of the card and consists of the last three digits on the signature strip.