

HOW TO OBTAIN A MANUFACTURED HOUSING DEALER LICENSE

These instructions apply to new licenses only. If you wish to add a classification or a Qualifying Party (QP) to an existing license, please see MHD STATUS CHANGE REQUEST.

Every license must have at least one qualifying party.

1): Check with PSI to confirm the name you intend to use on the license is available.

- State law prohibits the issuance of a license if the proposed name is the same as, or is substantially similar to, a name that is on a pending application or existing license.
- Be sure to obtain approval of the proposed name with PSI **before** registering it with the New Mexico Secretary of State or applying for a New Mexico tax ID number.
- The Company name cannot reflect a trade beyond the classification scope of the license.

2): Complete packet. An MHD DEALER LICENSE APPLICATION packet must include:

- ☐ Complete, legible, **signed, and notarized** MHD Dealer License Application.
- ☐ A copy of the QP exam score report(s) showing passing scores for all applicable exam(s).
- ☐ Certificate of Qualifying Party form, signed and notarized (attached).
- ☐ Copy of dealer warranty, per Section 14.12.6.10 NMAC of the Regulations. (Sample attached.)
- ☐ **If you are an out-of-state corporate dealer, complete the attached Consent to Service of Process affidavit.**
- ☐ Statement of Authorization and Release of Information Form (attached).
- ☐ Bond (Proof of Financial Responsibility). The consumer protection bond in the amount of \$50,000 must be issued in the exact name shown on application (Sample attached).
- ☐ Copy of the current Registration Certificate issued within the last twelve months by the New Mexico Taxation & Revenue Department (TRD) in the exact name shown on the license application. (You may find TRD online at <https://www.tax.newmexico.gov/businesses>.)
- ☐ **IF A CORPORATION, LIMITED LIABILITY COMPANY, LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, OR GENERAL PARTNERSHIP:** Proof of registration with the New Mexico Secretary of State issued in the **exact name** shown on application. (Contact the Secretary of State at <https://www.sos.nm.gov/>.)
- ☐ Fee is \$200. 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).*
- ☐ Self-addressed 9" x 12" envelope with sufficient postage to return your application packet if your application is rejected. If your application is accepted, this envelope will be used to send your new license once it has been issued.

****Tip—**Keep instruction page for future reference.

3): Complete packets must be delivered by hand or mail to:

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

If your packet is incomplete, incorrect, or insufficient, it will be returned to you.

NOTE:

1. If the applicant has pending administrative or disciplinary actions with CID or MHD, is not in compliance with workers' compensation laws, is not compliant with child support orders, or the applicant or proposed QP is under investigation for unlicensed activity, the application will be placed on hold pending resolution of the issue(s).
2. An application for licensure may be denied if the applicant has been convicted of a disqualifying felony pursuant to subsection *14.12.2.8(H) NMAC* (New Mexico Administrative Code).

MHD may deny an application on the basis of an applicant's conduct to the extent that such conduct violates the Manufactured Housing Act, or its accompanying rules, regardless of whether the individual was convicted of a crime for such conduct or whether the crime for which the individual was convicted is listed as one of the disqualifying criminal convictions listed in subsection *14.12.2.8(H) NMAC*.

4): Once your packet has been approved, including your QP's eligibility, the license will be issued, and you will receive it by mail. The license will be effective for one year from the date of issuance.

Workers' Compensation Insurance is required of all licensees. If you are a sole proprietor with no employees, you may be exempt from workers' compensation insurance requirements. The Workers' Compensation Administration's webpage may be found at <https://workerscomp.nm.gov/>.

APPLICATION FOR MHD DEALER LICENSE – COMPANY INFO

DATE: _____

Applicant is doing business as a:

Sole Proprietor _____ Corporation _____ LLC _____

Partnership _____ LLP _____ LLLP _____

If partnership, the members of the partnership are:

Is this business located on federal land or sovereign
Indigenous territory? *Circle one.*

Not Applicable

**Federal
Land**

**Sovereign
Indigenous
Territory**

Business Name: _____

Email address: _____ Phone no.: _____

Mailing address: _____

Street Address

City

State

Zip Code

Physical Location: _____

Street Address

City

State

Zip Code

Authorized representative name: _____ SSN: _____ DOB (mm/dd/yy): _____

If you are a Subsidiary, please provide the parent company information below:

Parent Company Name: _____

Contact Number(s): Business: (____) ____ - ____ Home/Cell: (____) ____ - ____

Business Email: _____

Parent Mailing Address: _____

City

State

Zip Code

Parent Physical Address: _____

City

State

Zip Code

COMPANY HISTORY

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

To be completed by authorized representative. If yes to Questions 3 - 9, please provide detailed documentation.

1. Are you familiar with the Manufactured Housing Act and its Regulations? ☐ YES ☐ NO
2. Have you previously been licensed in the State of New Mexico, or in any other state? ☐ YES ☐ NO
If yes, company name: _____
State: _____ Lic# _____ Date Issued: _____
Date Surrendered: _____ Reason: _____
Is/was this a comparable license with the Construction Industries Division? (MM/GS/EE/etc.) ☐ YES ☐ NO
3. Do you have any unresolved complaints pending with MHD and/or CID? ☐ YES ☐ NO
4. Do you have any outstanding fines with MHD and/or CID? ☐ YES ☐ NO
5. Do you have any outstanding permit fees with any jurisdiction? ☐ YES ☐ NO
6. Have you bid or performed any unlicensed work in the last 24 months? ☐ YES ☐ NO
7. Have you worked outside the scope of your classification(s) in the last 24 months? ☐ YES ☐ NO
8. Has your license or certificate ever been revoked in New Mexico, or any other state? ☐ YES ☐ NO
9. 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; resolution; date of judgment or recording of lien; and amount of liability (if any). ☐ YES ☐ NO
10. Who has authority to resolve consumer complaints:

Name

Title

Phone Number

AFFIRMATIONS AND SIGNATURE

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

I am the _____ (provide a title) of the applicant, and I am authorized to legally bind the applicant.

All information provided in this application is true and correct to the best of my knowledge.

I stipulate, agree, understand, and acknowledge that I have reviewed the Manufactured Housing Act and its regulations. I understand my responsibilities and agree to abide by and comply with these laws.

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 (QP) (including change of QP, change of address or contact, change of licensee name or legal entity).

I understand that any false statement made herein or any failure to abide by the Manufactured Housing Act and its rules, or failure to notify PSI of changes in my status, may result in administrative action against this or any license or certification issued on the basis of this application, up to and including fines or revocation of the license or certificate affected by the statement, or both.

Applicant Signature: _____ Date: _____

Full Name (PRINT): _____

Notary

State of _____

(Seal)

County of _____

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

Signature of Notarial Officer

Commission Expiration Date

LICENSEES AND PERSONNEL – QPs

QP NAME: _____ PHONE: _____
SSN: _____ - _____ - _____ EMAIL: _____
QP NAME: _____ PHONE: _____
SSN: _____ - _____ - _____ EMAIL: _____

ADDITIONAL PERSONNEL

(Other persons authorized to make changes to and access information.)

First Name: _____ **Last Name:** _____
SSN: _____ - _____ - _____ **Title:** _____
Business Address: _____ **City:** _____
State: _____ **ZIP:** _____ Can this person make changes to the license? Yes ☐ No ☐
Email: _____
First Name: _____ **Last Name:** _____
SSN: _____ - _____ - _____ **Title:** _____
Business Address: _____ **City:** _____
State: _____ **ZIP:** _____ Can this person make changes to the license? Yes ☐ No ☐
Email: _____

AFFIRMATIONS AND SIGNATURE

I hereby state, acknowledge and affirm, under penalty of perjury, that: I am the _____
(provide a title such as owner, QP, etc.) of the applicant, and I am authorized to legally bind the applicant.

I am familiar with the provisions of the Manufactured Housing Act, its rules, regulations, codes and standards and shall fully comply with all provisions of these laws.

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 or its information, including fines and/or revocation of the license affected.

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 change of address or authorized contact, change of QP, change of licensee name or legal entity), and **failure to do so can result in administrative action**, up to and including fines and revocation.

Applicant Signature: _____ Date: _____
Full Name (PRINT) _____

Notary

(Seal)

State of _____

County of _____

This record was acknowledged before me on _____.

(Date)

Signature of Notarial Officer

Commission Expiration Date

STATEMENT OF AUTHORIZATION AND RELEASE OF INFORMATION

I, _____, born on _____,
(Full legal name) (mm/dd/yy)
whose home address, _____
(Street, City, State, Zip Code)
telephone no. _____, and whose business address is _____

(Street, City, State, Zip Code)
telephone no. _____, and shown as the _____
(Title/Position, i.e., Owner, President, etc.)
on an "Application for License" as _____
(Type of License Applying For)
in the name of _____
(Complete name of licensee as shown on "Application for License")

with the State of New Mexico Manufactured Housing Division, do hereby consent to having an inquiry made as to my disqualifying criminal convictions, any civil lawsuits or applicable child support obligations, outstanding licensing, permit, or penalty obligations with MHD or other jurisdiction, previous licensure, alleged unlicensed work or work outside of the scope of my existing license(s) in the past 24 months, or standing with the relevant state corporations commission.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records, and other information pertaining to me, to furnish to the State of New Mexico Manufactured Housing Division any such information, including documents, records, or information regarding charges or complaints files against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Manufactured Housing Division or any of their agents or representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge, and hold harmless the State of New Mexico Manufactured Housing Division and the Manufactured Housing Committee, their agents and representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information of the inquiry made by the Manufactured Housing Division and/or its agents and representatives.

First being duly sworn upon oath, applicant deposes and says that they have read and signed the foregoing Statement voluntarily and that the matters and things stated in this Statement are true and correct.

Applicant Signature: _____ Date: _____

Full Name (PRINT) _____

Notary

State of _____

County of _____

(Seal)

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

Signature of Notarial Officer

Commission Expiration Date

CERTIFICATE OF QUALIFYING PARTY

Qualifying Party (QP) Name: _____ SSN: _____

Business Physical Address: _____

City, State, Zip: _____

Email address: _____ DOB: _____

Business Mailing Address: _____

City, State, Zip: _____

Firm/Company to which you are attaching: _____

(Optional) I am also the QP for the following Dealer lot locations:

1. _____
Business Name, license#, street address

2. _____
Business Name, license#, street address

3. _____
Business Name, license#, street address

I hereby certify that I am the Qualifying Party of the above-named applicant for a New Mexico Manufactured Housing Division license. That as such Qualifying Party, **I will be a regular and bona fide** (employee/proprietor/corporate officer/partner) for the above-named applicant and that **I will have active and direct supervision and control** of all operations necessary to secure full compliance with all provisions of the Act, being Sections 60-14-1 *et seq.*, NMSA, as amended, and the regulations adopted thereto by the Manufactured Housing Division.

I further certify that by signing below, **I assume full responsibility for the compliance** with provisions of Sections 60-14-1 *et seq.*, NMSA, as amended, and the regulations adopted thereto by the Manufactured Housing Division., and that **if for any reason I become disassociated, or for any reason cease to be the Qualifying Party** of the above applicant, **I will notify** PSI in writing **within thirty (30) days**.

I hereby certify under the penalty of perjury that the foregoing is true and correct, and **I certify to the truth and accuracy** of all supplementary statements, answers and representations attached hereto and made a part hereof.

NOTE: This certificate of qualification is not transferable to another person.

A separate form must be used for each Qualifying Party.

Applicant signature: _____ Date: _____

Applicant name (printed): _____

Notary

State of _____

(Seal)

County of _____

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

Signature of Notarial Officer

Commission Expiration Date

CONSUMER PROTECTION BOND OF

_____ BROKER _____ INSTALLER/REPAIRMAN _____ CID CROSSOVER CONTRACTOR	_____ MANUFACTURER _____ DEALER
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BOND NO.: _____

NOW THEREFORE KNOW, that we, _____, as Principal,
 and _____, a corporation organized
 under the laws of the state of _____, and authorized to transact the
 business of suretyship in the STATE OF NEW MEXICO, as Surety, are held and firmly bound unto the
 State of New Mexico Manufactured Housing Division, as Oblige, in the just and full sum of \$

_____ (_____
 DOLLARS), for which sum, well and truly to be made, we bind ourselves, our heirs, executors,
 administrators, successors, and assignees, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION is that, if it is determined in a proceeding before the
 Manufactured Housing Division or the Manufactured Housing Committee that Principal has violated
 a provision or provisions of the Manufactured Housing Act or the regulations thereunder pertaining
 to the _____ [sale, manufacture, etc.] of a manufactured home(s), or
 any of its obligations under its license, and that such violation has resulted in monetary loss to a
 consumer of a manufactured home, then Principal and their surety shall indemnify said consumer
 against this loss pursuant to the procedures set forth in *Section 14.12.4.15 NMAC*.

Surety may at any time cancel this bond by giving sixty (60) days prior written notice to the New
 Mexico Manufactured Housing Division of such cancellation, provided, however, that no such
 cancellation shall be effective unless the division has approved the cancellation by appropriate
 signature on the notice. Surety remains liable, however, for any defaults under this bond committed
 prior to the expiration of the sixty-day period. Consumer protection bonds or other security as
 approved by the division shall not be released by the division until all claims and complaints against
 the licensee have finally resolved or until two (2) years after the licensee ceased doing business in
 New Mexico, whichever period is later.

SIGNED, SEALED, AND DATED this _____ day of _____, 20_____.

PRINCIPAL

SURETY

Signed

Signed

Name, Position

Name, Attorney-In-Fact

DEALER'S 12-MONTH (1-YEAR) WARRANTY ON NEW MANUFACTURED HOMES

Dealer's Full Name License No.

Street Address City, State, Zip Code

IN CONSIDERATION OF THE SALE OF UNIT: _____
Manufacturer's Serial No.

Manufactured by _____

Manufacturer's Name
during the _____ model year, H.U.D. Label No. _____

We make the following warranties pursuant to *14.12.6.10 NMAC*:

(1) that all changes, additions, or alterations made to the manufactured home by the dealer are free from defects in materials and workmanship; and that all appliances and equipment installed by the dealer are free from defects in materials and workmanship unless the dealer furnishes a valid written warranty from the manufacturer or dealer of the appliances and equipment to the consumer warranting against any defect in materials or workmanship to the consumer for a period of time customary in the industry for a warranty for the particular appliance or equipment;

(2) that all warranties shall be in effect for a period of at least one (1) year from the date of delivery to the consumer and is not restricted to the original consumer and shall carry forward to subsequent owners during the one (1) year period;

(3) that the dealer shall take appropriate corrective action within a reasonable period of time after the warranty violation has been communicated to the dealer by the division or by the consumer;

(4) that the warranty shall contain the license number, address and telephone number of the dealer where notice of defects or warranty violations may be given and shall also contain the H.U.D. label number, serial number and year model of the manufactured home involved.

If the dealer fails to correct a violation within the prescribed warranty period and the consumer has written documentation to the licensee before the expiration of the warranty, the consumer may file a written complaint with the Manufactured Housing Division within a two-year period from the start of the original warranty pursuant to *Section 14.12.6.8 NMAC*.

Each dealer shall warrant repair work on changes, additions or alterations made or authorized by the dealer performed under the one-year warranty. Such repair work shall be warranted for a period of at least 90 days or until the end of the original one - year warranty, whichever is later. This warranty need not be in writing.

If you have any warranty complaints, please notify us at:

Street Address City, State, Zip Code

Telephone No. _____

Signature of Dealer _____

PAYMENT

Dealer \$200

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**)

**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.