

APPLICATION FOR MANUFACTURED HOUSING LICENSE RENEWAL

(Not for Salesperson Licenses)

AN INCOMPLETE OR DEFICIENT APPLICATION WILL NOT BE PROCESSED.

Please complete this renewal application and return it with current proof of bond (or continuation certificate) and the applicable renewal fee (listed below). To avoid a lapse in license, this application must be completed and be either received by mail or hand-delivered to the PSI office before the expiration date. Renewal applications delivered more than 30 days after expiration are subject to a late fee according to *Section 14.12.8 8 (E) NMAC*, which must also be submitted before your license will be renewed.

Please submit a copy of your previous/expiring MHD license, and a self-addressed envelope.

If you are renewing a CROSSOVER license, include a current copy of your Contractor License.

If you are renewing an INSTALLER license, include each installer's three (3) hours of continuing education (CEUs), taken within the past year.

1. COMPANY INFORMATION

TODAY'S DATE (MM/DD/YYYY)

Broker_____ Crossover_____ Dealer_____ Installer_____ Manufacturer_____

COMPANY NAME

MAILING STREET ADDRESS/ADDRESS OF RECORD (All official notices will be sent to this address.)

CITY

STATE

ZIP CODE

EMAIL ADDRESS

DAYTIME PHONE

ALTERNATE PHONE

MHD LICENSE TYPE

MHD LICENSE NUMBER

EXPIRATION

2. CLASSIFICATIONS AND QUALIFYING PARTIES:

_____ Classification	_____ QP First Name	_____ QP Last Name	_____ QP Phone Number
_____ Classification	_____ QP First Name	_____ QP Last Name	_____ QP Phone Number
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_____ Classification	_____ QP First Name	_____ QP Last Name	_____ QP Phone Number

3. COMPANY HISTORY

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

1. Are you familiar with the Manufactured Housing Act and its Regulations? ☐ YES ☐ NO
2. Consumer Protection Surety Bond is still in force? ☐ YES ☐ NO
 - i. Bond Company Name: _____
 - ii. Bond Number: _____
- OR, Certificate of Deposit or bank deposit still in force? ☐ YES ☐ NO
 - i. On file with (financial institution): _____
 - ii. Address _____
 - iii. Certificate of Deposit or Acct Number: _____
3. Do you have any unresolved complaints pending with MHD and/or CID? ☐ YES ☐ NO
4. Are you current with child support payments in New Mexico, and any other state? ☐ N/A ☐ YES ☐ NO
5. Do you have any outstanding fines with MHD and/or 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 you licensed or certified as a qualifying party in any other state? Submit verification. ☐ YES ☐ NO
12. How long have you maintained an office or residence in the State of New Mexico?
Address: _____ years
13. Name, title, and phone number of person with authority to resolve consumer complaints:

14. 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; amount of liability (if any). ☐ YES ☐ NO

4. ATTESTATIONS AND SIGNATURE

I hereby affirm, under penalty of perjury, that I understand, agree, and acknowledge that I have reviewed the Manufactured Housing Act and its rules and regulations. I understand my responsibilities and agree to comply with these laws. All information provided in this renewal application is true and correct to the best of my knowledge. I understand that any false statement by me in this application or failure to maintain compliance with the Manufactured Housing Act or its regulations may result in administrative action against any license or certification issued on the basis of this application, including fines or revocation, or both.

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

4. PAYMENT

Installer, Dealer, Broker: \$200
Construction Crossover: \$100

Manufacturer: \$500

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.