



NMRLD

NEW MEXICO  
REGULATION &  
LICENSING DEPARTMENT

MANUFACTURED HOUSING DIVISION



## RENEWAL APPLICATION FOR SALESPERSON LICENSE

APPLICATION FEE \$50

DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME OF SALESPERSON: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_

SALESPERSON HOME MAILING ADDRESS: \_\_\_\_\_

(Street Address)

(City and State)

(Zip Code)

PHONE NUMBER: Business: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMPLOYING DEALER: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_

Dealer Business Address: \_\_\_\_\_

(Street Address)

(City and State)

(Zip Code)

PHONE NUMBER: Business: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

DEALER MAILING ADDRESS: \_\_\_\_\_

(Street Address)

(City and State)

(Zip Code)

1. Are you familiar with the Manufactured Housing Act and Regulations? ☐ Yes ☐ No

2. Has the applicant ever been convicted of any disqualifying felony as set forth in 14.12.2.8 (H) of the New Mexico Administrative Code in this state, or any other state? If so, felony, date and court/jurisdiction: \_\_\_\_\_ ☐ Yes ☐ No

3. If applicable, is the applicant current with child support payments in New Mexico or any other State? If no, explain: \_\_\_\_\_ ☐ N/A ☐ Yes ☐ No

4. Do you have any unresolved complaints pending with MHD and/or CID? ☐ Yes ☐ No

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

## **PAYMENT**

Salesperson renewal, \$50

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.