

MHD STATUS CHANGE REQUEST

HOW TO ADD A QUALIFYING PARTY TO AN EXISTING LICENSE

Submit a completed Status Change Packet. The submission must include:

- ☐ A completed Status Change Form, signed by an individual who has signing authority for the licensee, AND by the new qualifying party.
 - The application must be properly notarized. Only original signatures are accepted.
- ☐ Correct Fee - \$25 (Credit card or check/money order made payable to PSI Services LLC) No Fee to change ONLY phone number &/or email address.
- ☐ If a new qualifying party, the passing exam score report for all required exam(s) for the classification(s) to be added.
- ☐ Self-addressed envelope with sufficient postage. This envelope will be used to send your request back to you if your submission is rejected, or to send your new certificate(s) after it has been processed.

HOW TO DROP A QUALIFYING PARTY FROM AN EXISTING LICENSE

Submit a completed Status Change Packet. The submission must include:

- ☐ A completed Status Change Form, signed by an individual who has signing authority for the licensee, OR by the qualifying party who is being removed from the license.
 - The application must be properly notarized. Only original signatures are accepted.
- ☐ Correct Fee - \$25 (Credit card or check/money order made payable to PSI Services LLC) No Fee to change ONLY phone number &/or email address.
- ☐ Self-addressed envelope with sufficient postage. This envelope will be used to send your request back to you if your submission is rejected or to send your new certificate(s) after it has been processed.

Please note the consequences of dropping a Qualifying Party:

- If the Qualifying Party is the only one attached to the license and is dropped, the license will be suspended for 120 days effective on the date of termination.
- If a Qualifying Party with the appropriate classification is not attached to the license within the 120-day suspension period, the license will be automatically cancelled at the end of the 120-day suspension period.
- A license will not be considered to have a Qualifying Party attached until PSI has approved the change and they are added to the license. Please see: HOW TO ADD A QUALIFYING PARTY TO AN EXISTING LICENSE.
- A dropped Qualifying Party has 2 years from the date of termination from a license to attach to another valid license. Thereafter, the Qualifying Party's certification will be automatically cancelled.

MHD STATUS CHANGE REQUEST

Section 1. REQUESTED CHANGE: (Check the boxes that apply)

<input type="checkbox"/> Location/Contact Information Change (Complete sections 1, 2, 4, 7)	<input type="checkbox"/> Cancel License (Complete sections 1, 2, 7)
<input type="checkbox"/> New Licensee Name (Complete sections 1, 2, 3, 7)	<input type="checkbox"/> Drop/Add Qualifying Party (Complete sections 1, 2, 5, 7)
<input type="checkbox"/> Add Classification – <u>INSTALLERS ONLY</u> (Complete sections 1, 2, 5, 7)	<input type="checkbox"/> Change in Personnel (Complete sections 1, 2, 6, 7)

- Change of physical location** requires that you send in an updated bond rider that reflects the exact physical location and business name as indicated on this form.
- Change of Licensee name** requires that you send in the following documents that reflect the exact business name as indicated on this form: an updated bond rider or a new bond, a New Mexico Secretary of State Registration (unless business is Sole Proprietorship), and New Mexico Taxation & Revenue Registration (2 pages).
- If you are changing to a different business entity type**, you must submit an application for a new license and cancel the current license. A new license number will be issued.

Section 2: Licensee Info

Current Company Name:				
License Number:				
Company Entity Type:	Corporation	LLC	Sole Proprietorship	Other (Explain):

Section 3: Licensee Name Change

Proposed Company Name:

Section 4: Address, Location, Contact Information Change (Please list the NEW information.)

Mailing address/Address of record:	
Address	
City/State/Zip	
Physical location:	
Address	
City/State/Zip	
Email:	Phone:

Section 5: Add / Remove Qualifying Party or Classification

(Adding a Qualifying Party requires that person's signature)

Name:					
SSN:		DOB (MM/DD/YYYY):		Phone #:	
Email:			Classification(s):		
<input type="checkbox"/> ADD	Effective Date:		<input type="checkbox"/> REMOVE	Termination Date:	
SIGNATURE:					
Name:					
SSN:		DOB (MM/DD/YYYY):		Phone #:	
Email:			Classification(s):		
<input type="checkbox"/> ADD	Effective Date:		<input type="checkbox"/> REMOVE	Termination Date:	
SIGNATURE:					
Name:					
SSN:		DOB (MM/DD/YYYY):		Phone #:	
Email:			Classification(s):		
<input type="checkbox"/> ADD	Effective Date:		<input type="checkbox"/> REMOVE	Termination Date:	
SIGNATURE:					

Section 6: Add / Remove Personnel

(If removing personnel, only their name & SSN are required)

Name:					
SSN:		Title:		Phone #:	
Email:				DOB (MM/DD/YYYY):	
Can this person make changes to the license? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name:					
SSN:		Title:		Phone #:	
Email:				DOB (MM/DD/YYYY):	
Can this person make changes to the license? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name:					
SSN:		Title:		Phone #:	
Email:				DOB (MM/DD/YYYY):	
Can this person make changes to the license? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Section 7: Signature

AFFIRMATIONS AND SIGNATURE

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

I am the _____ (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 based on this application, up to and including fines or revocation of the license or certificate affected by the statement, or both.

Applicant Signature: _____

Full Name (PRINT): _____ Date: _____

Notary

State of _____

County of _____

This record was acknowledged before me on _____.

(Date)

(Seal)

Signature of Notarial Officer

Commission Expiration Date

