

HOW TO OBTAIN A MANUFACTURED HOUSING INSTALLER 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 for each classification of work covered by the license.

1): Determine the classification of license you need to do the work you intend to perform, including passing each exam required for the classification and completing the 12-hour training required by HUD.

MHD-1 shall permit the holder to level ground and place piers to support a manufactured home, to attach and tighten tiedowns, to connect existing water and sewer lines, to connect electrical cable to the home's approved existing receptacle, to install and repair skirting, and to install concrete associated with footings or foundations.

MHD-2 Shall permit the holder to perform all functions of an MHD-1 and to make structural repairs, alterations and modifications.

MHD-3 Shall permit the holder to perform all functions of an MHD-2 and to service and repair natural gas piping and appliances, change and adjust orifices in a unit prior to connection to L.P. gas and to service and repair plumbing and electrical systems.

The scope of an **MHD-3 Y** licensee shall be extended to install gas yardlines to manufactured homes upon acquiring an appropriate endorsement from the division.

The scope of an **MHD-3 E** licensee shall be extended to install feeder assemblies from the on-site utility terminal to the manufactured home not to exceed 30 feet.

The provisions for obtaining a separate electrical endorsement shall include a minimum of two years in the last 10 years of verifiable experience performing electrical work on manufactured homes or related equipment.

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

1. 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.
2. 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.
3. The Company name cannot reflect a trade beyond the classification scope of the license.

3): Complete packet. An MHD INSTALLER LICENSE APPLICATION packet must include:

- ☐ Complete, legible, **signed, and notarized** MHD Installer 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).
- ☐ Work Experience Verification form (attached).
- ☐ 12-hour HUD Installer Training Certificate
- ☐ Copy of installer/repairman warranty, per Section 14.12.6.11 NMAC of the Regulations. Sample form may be used as a guide.
- ☐ **If you are an out-of-state corporate installer, complete the attached Consent to Service of Process affidavit.**
- ☐ Statement of Authorization and Release of Information Form (attached).
- ☐ Proof of Financial Responsibility. The consumer protection bond in the amount of \$10,000 must be issued in the exact name shown on application.
- ☐ 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.

4): 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*.

5): 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 INSTALLER LICENSE - COMPANY INFO

DATE: _____

Installer Type applying for:

☐ MHD-1

☐ MHD-2

☐ MHD-3

Applicant is doing business as a:

Sole Owner _____

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 _____

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, 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 No.
------	-------	-----------

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 _____

County of _____

(Seal)

This record was acknowledged before me on _____.

(Date)

Signature of Notarial Officer

Commission Expiration Date

STATEMENT OF AUTHORIZATION AND RELEASE OF INFORMATION

To be completed by each Qualifying Party

I, _____,
(Full legal name) (Date of Birth) (Personal phone #)

whose home address, _____,
(Street, City, State, Zip Code)

and whose business address is _____,
(Street, City, State, Zip Code)

Business telephone no. _____, and shown as the Qualifying Party
on an "Application for License" as _____
(Type of Installer License Applying For, e.g., MHD-1, MHD-2, etc.)

In the name of _____
(Complete name of licensee as shown on "Application for License")

with the 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 Secretary of State or other 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 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 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 New Mexico Manufactured Housing Division and/or its agents and representatives.

First being duly sworn upon oath, I depose and state that I 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

INSTALLER – Certificate of Qualifying Party (QP)

Name: _____
Date of Birth: _____ Social Security No.: _____
Street Address: _____
City, State, Zip Code: _____
Name of Company to which you're attaching: _____
_____ Installer (MHD-1) _____ Repairman (MHD-2) _____ Installer/Repairman (MHD-3)

Are you current with child support payments in all states? ☐ NOT APPLICABLE ☐ YES ☐ NO

Have you ever been convicted of a disqualifying felony pursuant to 14.12.2.8.(H) NMAC? ☐ YES ☐ NO

I do 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 am and will be a regular and bona fide employee, proprietor, corporate officer, or partner for the above-named applicant and that I do and will have active and direct supervision and control of all operations necessary to secure full compliance with all provisions of the Act, Sections 60-14-1 et seq., NMSA, and the regulations adopted pursuant to the Act.

I further certify that by signing below, I assume full responsibility for the compliance with provisions of Section 60-14-1, et seq., NMSA, and the regulations adopted pursuant thereto by the New Mexico 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 penalty of perjury that the foregoing is true and correct and certify to the truth and accuracy of all supplementary statements, answers and representations attached hereto and made a part of this application.

NOTE: This certificate of qualification is not transferable to another person. A separate form must be used for each Qualifying Party.

The aforesaid applicant, being duly sworn upon oath, deposes and says that they have read and signed the foregoing Certificate, and that the matters and things stated in the Certificate 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

CHIEF EXECUTIVE OF OFFICE AFFIDAVIT

STATE OF: _____ COUNTY OF: _____

CONSENT TO SERVICE OF PROCESS

Pursuant to the licensing provisions of the Manufactured Housing Act of New Mexico, and the regulations of the New Mexico Manufactured Housing Division, the undersigned licensee does hereby waive service of process in connection with all claims, matters, or causes of action which may be filed or brought against it in the State of New Mexico for alleged violations of the Manufactured Housing Act or its regulations or consumer complaints in connection therewith and hereby **agrees to accept service** of any such complaint or cause of action by registered or certified mail to be addressed and delivered to the below-named **chief executive office of the corporation**.

The licensee does hereby further agree to appear and answer the complaint or cause of action within twenty (20) days from and after the date of receipt of service by certified or registered mail. If the licensee fails to appear and answer within that time, the licensee agrees that they shall be in default, and the licensee may not thereafter object to any order or judgment which may be entered against it, and the licensee **may not appeal the default order or judgment entered**. The licensee's consent shall continue in full force and effect until all claims, matters, or causes of action filed are resolved, or until two (2) years after the licensee has terminated business, whichever period is later.

OFFICER TO BE SERVED

Name _____ Position _____

Name of Licensee _____

(Business Address)

(City, State)

(Zip Code)

The aforesaid officer, being duly sworn upon oath, deposes and says that they have read and signed the foregoing Affidavit, and that the matters and statements in the Affidavit are true and correct, and agreed. They further swear under oath that they have the authority to bind the principal.

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

CONSUMER PROTECTION BOND OF

_____ BROKER	_____ MANUFACTURER
_____ INSTALLER/REPAIRMAN	_____ DEALER
_____ CID CROSSOVER CONTRACTOR	

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
Obligee, 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

MANUFACTURED HOUSING DIVISION INSTALLER EXPERIENCE VERIFICATION

This Work Experience Verification **MUST** be submitted with an application.

TYPE OR PRINT CLEARLY.

Incomplete or illegible forms will not be processed.

Please read the following instructions prior to completing the attached work experience verification.

FOLLOWING INSTRUCTIONS COMPLETELY WILL AVOID DELAYS IN PROCESSING APPLICATION.

Instructions for the APPLICANT

Only the top portion of the Affidavit is to be completed by the applicant. Complete ALL information.

For a description of the scope of work allowed under each classification, please refer to the New Mexico Manufactured Housing Division regulations, *14.12.2.14(E) NMAC*.

Instructions for the VERIFIER

Answer all the questions completely and fully. **DO NOT LEAVE ANY BLANKS.**

Individuals who are qualified to complete the Affidavit are as follows:

Employers (past or present); Supervisors; Foreman; and other Contractors in the trade.

Applicant CANNOT verify own experience.

Supervisors and foremen must submit proof/verification of their position within the company.

Out-of-State Contractors must attach a copy of their current state license to the affidavit.

If your experience is with a company from a state that does not require a license, you must submit proof/verification that the company is an active/valid company. (Ex., tax certificate, business license listing the company name, corporation papers, etc.)

All experience must have been gained while employed by a contractor licensed in the trade being applied for, or otherwise considered legal work in the state in which the work was performed.

14.12.2.14(E), NMAC: "An applicant shall provide evidence of meeting **at least one of the following** minimum experience requirements:

1. 1,800 hours of experience installing manufactured homes;
2. 3,600 hours of experience in the construction of manufactured homes;
3. 3,600 hours of experience as a building construction supervisor;
4. 1,800 hours as an active manufactured home installation inspector;
5. Completion of one year of a college program in construction-related field; or
6. Any combination of experience or education from 1-5 above, that totals 3,600 hours."

The scope of an **MHD-3 Y** licensee shall be extended to install gas yardlines to manufactured homes, upon acquiring an appropriate endorsement from the division.

The scope of an **MHD-3 E** licensee shall be extended to install feeder assemblies from the on-site utility terminal to the manufactured home not to exceed 30 feet. The provisions for obtaining a separate electrical endorsement shall include a minimum of two years in the last 10 years of verifiable experience performing electrical work on manufactured homes or related equipment.

DATE: _____

NAME OF VERIFIER (PRINTED) _____

SIGNATURE OF VERIFIER: _____

INSTALLER – WORK EXPERIENCE VERIFICATION FORM

The information in this section pertains to the person applying to be a MHD Qualifying Party

First Name: _____ Last Name: _____

SSN: _____ Email: _____

Business Mailing Address: _____
(Street Address)

(City, State, ZIP)

CLASSIFICATION(S) APPLYING FOR:

Please mark all which apply.

MHD 1 ☐

MHD 2 ☐

MHD 3 ☐

MHD 3E ☐

MHD 3Y ☐

REQUIRED EXPERIENCE

The aforementioned applicant has the following number of hours, of the shown types, gained under my supervision/direct line of sight:		
TYPE OF EXPERIENCE:	Quantity:	
Installing manufactured homes	Total Hours	
Construction of manufactured homes	Total Hours	
As a building construction supervisor	Total Hours	
As an active manufactured home installation inspector	Total Hours	
Completion of one year of a college program in construction-related field	Total Hours	
SUM OF ABOVE: Any combination of experience or education from 1-5 above, that totals 3,600 hours .	Total:	

CANDIDATE NAME: _____ DATE: _____

1. This work was performed from _____ / _____ to _____ / _____. Hours per week _____, while QP applicant was employed by _____. License # _____
(Attach copy of license.)

2. Additional work experience information attached? YES ☐ NO ☐ (Attachment must be signed on each page.)

3. QP Applicant's position while performing work:

Journeyman ☐ Contractor ☐ Apprentice ☐ Subcontractor ☐ Employee ☐ Other _____

4. I held the following position while QP applicant was performing the work:

Employer ☐ Contractor ☐ Supervisor ☐ Subcontractor ☐ Foreman ☐ Other _____

In making this certification for _____ (candidate name), I

Name (printed) _____ (person certifying),

have not relied on statements made to me by QP applicant or third parties, and I swear under penalty of perjury that the information provided in this certification is true and correct to the best of my personal knowledge. I understand that my license may be subject to discipline if the information given and attested to by me herein is intentionally misleading or fraudulent.

Lic# _____ State: _____ Phone# _____

Email: _____

Address: _____

Verifier's 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

[THIS SAMPLE CONTAINS THE MINIMUM REQUIREMENTS FOR AN INSTALLER'S OR REPAIRMAN'S WARRANTY AND IS TO BE USED AS A GUIDE ONLY (See 14.12.6.11(A) and (B) of the regulations)]

INSTALLER'S AND REPAIRMAN'S 90-DAY WARRANTY FOR MANUFACTURED HOMES

Installer's or Repairman's Name	License No.
<i>Street Address</i>	<i>City, State, Zip Code</i>

IN CONSIDERATION OF THE INSTALLATION OR REPAIR 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:

- (1) That all services performed by the installer or repairman have been performed in compliance with the New Mexico Manufactured Housing Act, *Sections 60-14-1 et seq., NMSA*, and its regulations.
- (2) That any installation or repair work performed under the warranty required by *Section 14.12.6.11, New Mexico Administrative Code (NMAC)*, shall be warranted against defects and workmanship for a period of at least 90 days or until the end of the original warranty, whichever is later. This warranty need not be in writing.
- (3) That all labor and materials furnished by the installer for blocking and leveling the manufactured home are free from defects in materials and workmanship for ninety (90) days from the date of installations; releveing required as a result of ground settling or site conditions does not fall within the scope of this warranty.
- (4) That any installation or repair, appliance or accessory sold by the installer or the repairman to the consumer other than blocking and leveling are free from defects in materials and workmanship unless the installer or repairman shall provide the consumer with a valid written warranty from the maker or dealer of the materials, appliances or accessory warranting against any defect in the materials or workmanship for a period of time customary in the industry for a warranty for the particular appliance, equipment or material.
- (5) That the installer or repairman shall take the appropriate corrective action within a reasonable time after a warranty violation has been communicated to the installer or repairman by the Manufactured Housing Division or the consumer.

If the installer or repairman 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 division within a two-year period from the start of the original warranty pursuant to *Section 14.12.6.8 NMAC*.

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

<i>(Street Address)</i>	<i>(City, State, Zip Code)</i>
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Telephone No. _____

Signature of Installer or Repairman _____

PAYMENT

Installer and Repairmen: \$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**). 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.