

NEW MEXICO
APPLICATION MEDICAL GAS HANDLER ENDORSEMENT
AN INCOMPLETE, INCORRECT OR OTHERWISE DEFECTIVE APPLICATION WILL NOT BE PROCESSED
APPLICATION FEES WILL NOT BE REFUNDED.

PRINT CLEARLY. ALL CAPITALS

1. APPLICANT INFORMATION

Today's Date (MM/DD/YYYY)

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First Name

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Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

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State

--	--

Zip Code

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Social Security Number

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Home Phone

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NOTE: JMG-Journeyman medical gas installer classifications are certified by endorsement to certain existing journeyman certificates only - no separate experience is required although there are additional requirements. See Administrative Code for more information (section 14.9.5.8 - 14.9.5.10).

2. SIGNATURE

Please read and sign the statements below. **Please have your signature notarized.**

I understand that, all journeymen performing work on medical gas systems will be required to have this endorsement.

I also understand that, I must comply with all applicable rules, regulations, and laws enforced by the Construction Industries Division and the State of New Mexico.

Signature _____

Date _____ 20 _____

3. NOTARY

Subscribed and sworn before me this _____ day of _____ 20 _____

SEAL

Notary Public

My commission expires _____ 20 _____