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

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1. APPLICANT INFORMATION

Today's Date (MM/DD/YYYY) ☐☐/☐☐/☐☐☐☐

First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State ☐☐ Zip Code ☐☐☐☐☐

Social Security Number ☐☐☐ - ☐☐ - ☐☐☐☐

Home Phone ☐☐☐ - ☐☐☐ - ☐☐☐☐

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).

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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_____

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3. NOTARY

Subscribed and sworn before me this _____ day of _____20_____

SEAL

_____
Notary Public

My commission expires _____20_____