

## HOW TO ADD A QUALIFYING PARTY TO AN EXISTING LICENSE



Submit a completed Status Change request. 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 originals are accepted.**
- Correct fee. Fee may be prorated, please contact PSI.
- A copy of a valid QP certificate, or if a new QP, the passing exam score report for all required exam(s), for the classification(s) to be added. If a qualifying party intends to qualify for two or more licenses at the same time, you **MUST** submit proof of at least (30%) common ownership between all the Licensees. Please list all company license names and numbers, and all ownership information for each license. (There is a common ownership letter available online).
- Self addressed envelope (letter-size) 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: If adding an existing unattached QP, the QP must be within the two (2) year eligibility grace period. If adding a new QP that has never been attached to a license, the QP exam score(s) are valid for only one year.

PSI  
2820 Broadbent Pkwy NE, Suite E&F  
Albuquerque, NM 87107  
877-663-9267

\*Complete submissions must be delivered by hand or mail. Faxed or emailed forms will not be accepted.

**INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED.** If your packet is incomplete, incorrect, or otherwise insufficient it will be rejected, and returned to you along with a statement of the reason for rejection. Applications that are rejected and returned to you for correction are considered not submitted.

## HOW TO DROP A QUALIFYING PARTY FROM AN EXISTING LICENSE



Submit a completed Status Change request. 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 deleted from the license.
- **The application must be properly notarized. Only originals are accepted.**
- Self addressed envelope (letter-size) with sufficient postage. This envelope will be used to send your request back to you if your submission is rejected, or to send confirmation your request has been processed.

### **\*PLEASE NOTE THE CONSEQUENCES OF DELETING A QP:**

- When a license loses its qualifying party (if the QP being dropped is the only one attached to the license), the license will be suspended for 120 days effective on the date of the QP deletion.
- If a QP 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 QP attached until PSI has approved the change and notified the licensee that a new QP has been added to the license. Please see: HOW TO ADD A NEW QUALIFYING PARTY TO AN EXISTING LICENSE.
- A deleted QP has 2 years from the date of deletion from a license to attach another valid contractor's license. Thereafter, the QP certificate will be automatically cancelled.

\*Complete submissions must be mailed or hand delivered. Faxed or emailed forms will **not** be accepted.

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# NEW MEXICO STATUS CHANGE FORM

**AN INCOMPLETE, INCORRECT OR OTHERWISE DEFECTIVE FORM WILL NOT BE PROCESSED  
FEES WILL NOT BE REFUNDED.**

PRINT CLEARLY, ALL CAPITALS, ONE LETTER OR NUMBER PER BOX.

**1. REQUESTED CHANGE**

Date (MM/DD/YYYY)

		/			/				
--	--	---	--	--	---	--	--	--	--

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Address Change (Complete Sections 2 and 7)</b>  | <input type="checkbox"/> <b>Add Qualifying Party (Complete Sections 2, 4, 5, and 7)</b> |
| <input type="checkbox"/> <b>New Licensee Name (Complete Sections 2, 3, and 7)</b>                                 | <input type="checkbox"/> <b>Cancel License (Complete Sections 2 and 7)</b>              |
| <input type="checkbox"/> <b>Add Classification (Complete Sections 2, 4, 5, and 7)</b>                             | <input type="checkbox"/> <b>Change in Personnel (Complete Sections 2, 6 and 7)</b>      |
| <input type="checkbox"/> <b>Drop Qualifying Party (Complete Sections 2, 4, signature on 5 or 7 as applicable)</b> |   |

**2. LICENSEE INFORMATION (Check If Applicable): CANCEL  NAME CHANGE  ADDRESS CHANGE**

**For Name Change:** New Mexico Secretary of State Registration, Tax ID, Financial Responsibility documentation issued in new name must be attached.

**NOTE: Do Not Use This Form to Change Business Entity Type - See #3**

Current Licensee Number: \_\_\_\_\_

Company Name


New Proposed Company Name (If Applicable)


Mailing Address	City	State	Zip Code

Physical Address	City	State	Zip Code

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

Daytime Phone	-	Alternative Phone	-	Fax	-



**3. TYPE OF BUSINESS ENTITY.**

**NOTE: 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.**

A. What is the business entity type of this license?

- Sole Proprietor       Joint Venture       Corporation       Partnership (General)  
 Limited Liability Company       Limited Liability Partnership       Partnership (Limited)       Other (please specify)

**4. CLASSIFICATION and QUALIFYING PARTIES.** Enter the classification(s) of qualifying parties you wish to add or drop. Attach valid test scores or valid QP Certificate for each added QP.

Classification	QP First Name	QP Last Name	QP Social Security Number			
Mailing Address	City	State	Zip Code			
<input type="checkbox"/> Owner	<input type="checkbox"/> Corp. Officer	<input type="checkbox"/> LLC Member	<input type="checkbox"/> Employee	<input type="checkbox"/> Partner	<input type="checkbox"/> Other (specify below)	QP Date of Birth
ADD <input type="checkbox"/>	DROP <input type="checkbox"/>	TERMINATION DATE: _____				

Classification	QP First Name	QP Last Name	QP Social Security Number			
Mailing Address	City	State	Zip Code			
<input type="checkbox"/> Owner	<input type="checkbox"/> Corp. Officer	<input type="checkbox"/> LLC Member	<input type="checkbox"/> Employee	<input type="checkbox"/> Partner	<input type="checkbox"/> Other (specify below)	QP Date of Birth
ADD <input type="checkbox"/>	DROP <input type="checkbox"/>	TERMINATION DATE: _____				

Classification	QP First Name	QP Last Name	QP Social Security Number			
Mailing Address	City	State	Zip Code			
<input type="checkbox"/> Owner	<input type="checkbox"/> Corp. Officer	<input type="checkbox"/> LLC Member	<input type="checkbox"/> Employee	<input type="checkbox"/> Partner	<input type="checkbox"/> Other (specify below)	QP Date of Birth
ADD <input type="checkbox"/>	DROP <input type="checkbox"/>	TERMINATION DATE: _____				

**5. QUALIFYING PARTY HISTORY.** Complete if you are adding a qualifying party or classification.

- a. Have you previously been a qualifying party for a licensed New Mexico contractor?       YES       NO  
If "YES", provide the following information. Please attach separate sheets, if necessary.

⇒ Company Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Dates: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
          MO    YR        MO    YR



b. If you are currently the qualifying party on a New Mexico contractor license, please complete the following, as applicable:

1) I am TERMINATING my relationship as qualifying party on License #: \_\_\_\_\_, effective date of termination \_\_\_\_\_.

2) I am CANCELLING my current License #: \_\_\_\_\_, effective date of cancellation: \_\_\_\_\_.

3) If you intend to qualify two or more licenses at the same time, you MUST submit proof of at least thirty percent (30%) common ownership between all the licensees. Please list all licensee names, any existing license numbers, and all ownership information for each licensee.

- c. Have you worked outside the scope of your classification(s) in the last 12 months?  YES  NO  
If "YES", attach a detailed explanation.
- d. Do you have any unresolved complaints pending with CID?  NO  YES
- e. Are you current with child support regulations in New Mexico?  NO  YES  N/A
- f. Are there any unpaid judgments against you?  NO  YES
- g. Do you have any outstanding fines with CID?  NO  YES
- h. Do you have any outstanding permit fees with any jurisdiction?  NO  YES
- i. Have you bid or performed any unlicensed work in the last 12 months?  NO  YES
- j. Are you license holder or qualifying party in any other state? Submit verification.  NO  YES

**QUALIFYING PARTY AFFIRMATION: (Please attach a separate signature page for each qualifying party.)**

I hereby affirm, under penalty of perjury, that:

I am applying to be a qualifying party for license# \_\_\_\_\_, with the \_\_\_\_\_ classification(s).

All information provided in this form is true and correct to the best of my knowledge. I understand that any false statement by me in this form may result in administrative action against my license or certification and any license or certification affected by this request for status change.

I am required to immediately notify PSI, in writing, of any material change in my status as a licensee or qualifying party (including without limitation change of address or authorized contact, change of qualifying party, change of license name or legal entity), and that failure to do so can result in administrative action up to and including revocation of the license or certificate affected by the change.

Applicant Signature \_\_\_\_\_

Please print your full name \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_\_

**NOTARY**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

SEAL

Notary Public

My commission expires \_\_\_\_\_ 20 \_\_\_\_\_

**6. OWNERSHIP AND PERSONNEL.** Please complete ONLY if the ownership or the personnel of the licensee has changed.

First Name

Grid for First Name: 20 empty boxes

Last Name

Grid for Last Name: 20 empty boxes

Address

Grid for Address: 20 empty boxes

City

Grid for City: 15 empty boxes

State

Grid for State: 2 empty boxes

Zip Code

Grid for Zip Code: 5 empty boxes

Social Security Number

Grid for Social Security Number: 9 empty boxes with dashes

Date of Birth

Grid for Date of Birth: 8 empty boxes with slashes

Title: \_\_\_\_\_ Is this person authorized to request any changes to this license  Yes  No

ADD  DROP  EFFECTIVE DATE \_\_\_\_\_



**First Name**

**Last Name**

**Address**

**City**  **State**  **Zip Code**

**Social Security Number**  -  -  **Date of Birth**  /  /

Title: \_\_\_\_\_ Is this person authorized to request any changes to this license  Yes  No  
 ADD  DROP  EFFECTIVE DATE \_\_\_\_\_

**First Name**

**Last Name**

**Address**

**City**  **State**  **Zip Code**

**Social Security Number**  -  -  **Date of Birth**  /  /

Title: \_\_\_\_\_ Is this person authorized to request any changes to this license  Yes  No  
 ADD  DROP  EFFECTIVE DATE \_\_\_\_\_

**7. AFFIRMATIONS AND SIGNATURES**

**LICENSEE APPLICANT**

- a. Do you have any unresolved complaints pending with CID?  NO  YES
  - b. Are there any unpaid judgments against you?  NO  YES
  - c. Do you have any outstanding fines with CID?  NO  YES
  - d. Do you have any outstanding permit fees with any jurisdiction?  NO  YES
  - e. Have you worked outside the scope of your classification(s) in the last 12 months?  NO  YES
- If "YES", attach a detailed explanation.

I hereby affirm, under penalty of perjury, that:

I am the \_\_\_\_\_ (provide a title such as owner, president, manager) of the licensee and I am authorized to legally bind the applicant.

All information provided in this form is true and correct to the best of my knowledge. I understand that any false statement made by me in this application may result in administrative action against any license or certification affected by this status change request.

I am required to immediately notify PSI, in writing, of any material change in the status of the licensee or qualifying party (including without limitation change of address or authorized contact, change of qualifying party, change of license name or legal entity), and that failure to do so can result in administrative action up to and including revocation of the license or certificate affected by the change.

Applicant Signature \_\_\_\_\_

Please print your full name \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_\_

NOTARY

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

SEAL

Notary Public

My commission expires \_\_\_\_\_ 20\_\_\_\_\_



**8. PAYMENT**

Status changes require a \$30.00 fee (there is no fee to cancel a license, address change or change in personnel). There is a \$6.00 fee for each new requested wallet card or wall certificate. The first \$6.00 includes 2 wallet cards and one company wall certificate.

Please call PSI for prorated fee when adding a Qualifying Party or classification.

For extra cards or wall certificates, please specify below:

- Wallet card, # of cards requested \_\_\_\_\_
- Company license wall certificate, # of certificates requested \_\_\_\_\_
- Qualifying party wall certificate, # of certificates requested \_\_\_\_\_

Please list the name of the QP(s) and classification you want certifications for:

Name of QP \_\_\_\_\_ classification \_\_\_\_\_

Name of QP \_\_\_\_\_ classification \_\_\_\_\_

Name of QP \_\_\_\_\_ classification \_\_\_\_\_

Name of QP \_\_\_\_\_ classification \_\_\_\_\_

Submit Application Packet and Payment to (by walk in or mail):

PSI  
2820 Broadbent Pkwy NE, Suite E&F  
Albuquerque, NM 87107  
(877) 663-9267 [public.psiexams.com](http://public.psiexams.com)

- Make checks or money orders payable to PSI.
- Walk in payments may be made by personal check, company check, money order, cashiers check, VISA, Mastercard or AMEX. (NO CASH)
- Mail payments may be made by personal check, company check money order, cashiers check, VISA, Mastercard or AMEX. (NO CASH).

**ALL SUBMISSIONS MUST INCLUDE ORIGINAL DOCUMENTS  
\*\*YOU MAY NOT SUBMIT ANY APPLICATIONS BY FAX**

(Check one):  MC  VISA  AMEX

Full Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Verification No: \_\_\_\_\_  
*For your security, PSI requires you to enter the card identification number located on your credit card. The card identification number is located on the back of the card and consists of the last three digits on the signature strip.*

Cardholder Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

