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.

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*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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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 corrections are considered not submitted.

NEW MEXICO STATUS CHANGE FORM

$\frac{\text{AN INCOMPLETE, INCORRECT OR OTHERWISE DEFECTIVE FORM WILL NOT BE PROCESSED}}{\text{FEES WILL NOT BE REFUNDED}}.$

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

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| | | Address Change (Complete Sections 2 and 7) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | New Licensee Name (Complete Sections 2, 3, and 7) | | | | | | | | | | | Add Qualifying Party (Complete Sections 2, 4, 5, and 7) | | | | | | | | | | | | | | | | | | | | | | | |
| | | Add Classification (Complete Sections 2, 4, 5, and 7) | | | | | | | | | | Cancel License (Complete Sections 2 and 7) | | | | | | | | | | | | | | | | | | | | | | | | |
| | ☐ Drop Qualifying Party (Complete Sections 2, 4, signature on 5 or 7 as applicable) ☐ Change in Personnel (Complete Sections 2, 6 and 7) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3. | | ITITY. nging to a different business en e current license. A new licen | | t an application for a new | | | | | |
|---|---|--|---|--|--|--|--|--|--|
| A. | A. What is the business entity type of this license? | | | | | | | | |
| | Proprietor ed Liability Company | ☐ Joint Venture ☐ Limited Liability Partnership | ☐ Corporation ☐ Partnership (Limited) ☐ | Partnership (General) 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. | | | | | | | | | |
| Classific | ation QP First Name | QP Last Name | QP S | Social Security Number | | | | | |
| Mailing | Address | | | State 7in Code | | | | | |
| Mailing | Address | City | | State Zip Code | | | | | |
| | | | | | | | | | |
| □ Owne | er 🗆 Corp. Officer 🗀 I | LC Member □ Employee □ Part | ner □ Other (specify below) | QP Date of Birth | | | | | |
| ADD | DROP TE | RMINATION DATE: | | | | | | | |
| Classific | cation QP First Name | QP Last Name | QP S | ocial Security Number | | | | | |
| | | | | - - | | | | | |
| Mailing | Address | City | | State Zip Code | | | | | |
| | | | | | | | | | |
| | QP Date of Birth | | | | | | | | |
| | □ Owner □ Corp. Officer □ LLC Member □ Employee □ Partner □ Other (specify below) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | | | | | | | | |
| ADD L | ADD DROP TERMINATION DATE | | | | | | | | |
| Classific | cation QP First Name | QP Last Name | QP S | Social Security Number | | | | | |
| | | | | | | | | | |
| Mailing | Address | City | | State Zip Code | | | | | |
| | | | | | | | | | |
| | | | | QP Date of Birth | | | | | |
| □ Owne | □ Owner □ Corp. Officer □ LLC Member □ Employee □ Partner □ Other (specify below) □ □ □ □ □ □ | | | | | | | | |
| ADD | DROP TE | RMINATION 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:_ Dates:/ MO YI | Li | cense #: | | | | | | |

| b. | If you are currently the qualifying party on a New Mexico contractor license, please applicable: | e complete the f | ollowing, as |
|--------------|--|---|--|
| | 1) I am TERMINATING my relationship as qualifying party on License #:termination | _, effective date | e of |
| | 2) I am CANCELLING my current License #:, effective date of cancella | ation: | · |
| | 3) If you intend to qualify two or more licenses at the same time, you MUST submit (30%) common ownership between all the licensees. Please list all licensee names, ownership information for each licensee. | | |
| c. | Have you worked outside the scope of your classification(s) in the last 12 months? If "YES", attach a detailed explanation. | □ YES | □ NO |
| d. | Do you have any unresolved complaints pending with CID? | □ NO | ☐ YES |
| | Are you current with child support regulations in New Mexico? | □ NO | ☐ YES ☐ N/A |
| | 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. | □ ио | ☐ YES |
| OUAI II | FYING PARTY AFFIRMATION: (Please attach a separate signature page for | each qualifyir | ng party.) |
| | y affirm, under penalty of perjury, that: | cuen quum, | .5 P c) • / |
| | | | |
| | plying to be a qualifying party for license#, with the All information provided in this form is true and correct to the best of my knowledge. I under may result in administrative action against my license or certification and any license or certif | stand that any fal fication affected b | se statement by me in y this request for status |
| | I am required to immediately notify PSI, in writing, of any material change in my status as a li limitation change of address or authorized contact, change of qualifying party, change of licens can result in administrative action up to and including revocation of the license or certificate a | e name or legal er | ntity), and that failure |
| Applica | nt Signature | | |
| Please p | orint your full name | | |
| Date | 20 | | |
| | NOTARY | | |
| Subscrib | ped and sworn before me this day of | 20 | |
| | | SEAL | |
| Notary I | | 20 | |
| my com | mission expires | 20 | |
| 6. | <u>OWNERSHIP AND PERSONNEL</u> . Please complete <u>ONLY</u> if the ownership or the changed. | personnel of the | e licensee has |
| First Na | ame Last Name | | |
| | | | |
| Address | City | Sta | te Zip Code |
| Social S | ecurity Number Date of Birth | | |
| Title: | Is this person authorized to request any change | es to this license | •□ Yes □ No |
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| First Name Last Name | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
| Address City State Zip Code | | | | | | | | |
| | | | | | | | | |
| Social Security Number Date of Birth Title: By this person authorized to request any changes to this license No ADD DROP EFFECTIVE DATE | | | | | | | | |
| First Name Last Name | | | | | | | | |
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| Address City State Zip Code | | | | | | | | |
| Social Security Number Date of Birth Title: Date of Birth Date of Birth No Date of Birth Date of Birth Date of Birth Date of Birth No Date of Birth Date of Birth No No Date of Birth No No Date of Birth N | | | | | | | | |
| 7. <u>AFFIRMATIONS AND SIGNATURES</u> LICENSEE APPLICANT | | | | | | | | |
| a. Do you have any unresolved complaints pending with CID? b. Are there any unpaid judgments against you? c. Do you have any outstanding fines with CID? d. Do you have any outstanding permit fees with any jurisdiction? e. Have you worked outside the scope of your classification(s) in the last 12 months? lf "YES", attach a detailed explanation. | | | | | | | | |
| I hereby affirm, under penalty of perjury, that: I am the | | | | | | | | |
| Please print your full name | | | | | | | | |
| Date 20 | | | | | | | | |
| NOTARY | | | | | | | | |
| Subscribed and sworn before me this day of 20 | | | | | | | | |
| SEAL | | | | | | | | |
| Notary Public | | | | | | | | |
| My commission expires | | | | | | | | |

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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): 2820 Broadbent Pkwy NE, Suite E&F Albuquerque, NM 87107 (877) 663-9267 <u>public.psiexams.com</u> Make checks or money orders payable to PSI. Walk in payments may be made by cash, personal check, company check, money order, cashiers check, VISA, Mastercard or AMEX. 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): \square MC \square VISA \square 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: | | | | | |
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