

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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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
			QP Date of Birth
<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)			
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
			QP Date of Birth
<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)			
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
			QP Date of Birth
<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)			
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	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 _____

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

- 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: _____

