

CID STATUS CHANGE FORM INSTRUCTIONS

ADDING A QUALIFYING PARTY (QP):

Section 1 of the Status Change Form provides instruction as to which portions must be completed for each requested change.

Must submit:

- ☐ Complete Status Change Form, signed and notarized 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. Must sign in front of the notary.
- ☐ Correct fee. If adding a new classification, fee may be prorated—please contact PSI.
- ☐ IF a new QP, must submit 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, and the QP's six-month approval must still be active.

PSI

9550 SAN MATEO BLVD NE, STE F, Albuquerque, NM 87113
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.

REMOVING/DROPPING A QUALIFYING PARTY (QP) FROM AN EXISTING LICENSE

Section 1 of the Status Change Form provides instruction as to which portions must be completed for each requested change.

Submit a completed CID 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 POTENTIAL 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: **ADDING 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.

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Changing the Company/Licensee Name:

Section 1 of the Status Change Form provides instruction as to which portions must be completed for each requested change.

Before you begin: Check with PSI to confirm the name you intend to use on the license is available.

1. State law prohibits the issuance of a license if the proposed name is the same as, or is substantially similar to, a name that is on a pending application or existing license.
2. Be sure to obtain approval of the proposed name with PSI before changing it with the New Mexico Secretary of State or New Mexico Taxation and Revenue.
3. The Company name cannot reflect a trade beyond the classification scope of the license, please see *NMAC 14.6.3.8(A)(4)*. If the term “Engineer” or “Architect” is used in any form in the proposed company name, there must be a New Mexico certified Engineer or Architect on staff employed by the licensee. You must provide documentation of the certification with your application.

Must submit:

- ☐ A COMPLETE CID Status Change Form, signed AND notarized by an authorized person in Section 7
- ☐ Copy of NM Taxation and Revenue Registration Certificate (2 pages) showing new name
- ☐ Either a new contractor bond in new name, OR a bond rider amending the name of the principal to match
- ☐ IF an LLC, INC, LP, or LLP: Copy of NM Secretary of State Certificate of Conversion, showing the amendment.
 - NOTE: You must alter/convert your existing SOS registration. If you obtain a new SOS registration instead, you must apply for a new CID license—See Contractor License Application.
- ☐ Self-addressed 9”x13” envelope with sufficient return postage

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NEW MEXICO CID STATUS CHANGE FORM

AN INCOMPLETE, INCORRECT OR OTHERWISE DEFECTIVE FORM WILL NOT BE PROCESSED
FEES WILL NOT BE REFUNDED. **PRINT CLEARLY, USE ALL CAPITALS**

1. Change(s) Requested on This Form:

DATE: ____/____/____

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

2. Provide Current Licensee Information

License Number: _____

Company Name:

(IF NAME CHANGE) New Company Name, including DBA:

Current MAILING Address:

This is a change Y / N CIRCLE ONE

City

State

ZIP

Current PHYSICAL Address:

This is a change Y / N CIRCLE ONE

City

State

ZIP

Email: _____

Email: _____

Phone Number (_____) _____ - _____

Phone Number 2 (_____) _____ - _____

3. TYPE OF BUSINESS ENTITY:

What is the business entity type of this license? CHECK ✓ ONE

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Corporation (INC) | <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Partnership-GENERAL |
| <input type="checkbox"/> Partnership-LIMITED (LP) | <input type="checkbox"/> Limited Liability Partnership (LLP) | <input type="checkbox"/> Joint Venture (JV) | <input type="checkbox"/> Other _____ |

4. If adding or removing a Qualifying Party and/or a classification, complete the following:

If this is a new issue classification and/or QP being attached, please attach all test scores

Classification _____ QP First Name _____ QP Last Name _____ QP SSN _____

They are being ☐ **ADDED** ☐ **DROPPED EFFECTIVE** _____ DOB: _____
POSITION (Check ☒ one): ☐ Owner ☐ Corp. Officer ☐ LLC Member ☐ Employee ☐ Partner ☐ Other _____

Classification _____ QP First Name _____ QP Last Name _____ QP SSN _____

They are being ☐ **ADDED** ☐ **DROPPED EFFECTIVE** _____ DOB: _____
POSITION (Check ☒ one): ☐ Owner ☐ Corp. Officer ☐ LLC Member ☐ Employee ☐ Partner ☐ Other _____

Classification _____ QP First Name _____ QP Last Name _____ QP SSN _____

They are being ☐ **ADDED** ☐ **DROPPED EFFECTIVE** _____ DOB: _____
POSITION (Check ☒ one): ☐ Owner ☐ Corp. Officer ☐ LLC Member ☐ Employee ☐ Partner ☐ Other _____

Classification _____ QP First Name _____ QP Last Name _____ QP SSN _____

They are being ☐ **ADDED** ☐ **DROPPED EFFECTIVE** _____ DOB: _____
POSITION (Check ☒ one): ☐ Owner ☐ Corp. Officer ☐ LLC Member ☐ Employee ☐ Partner ☐ Other _____

Classification _____ QP First Name _____ QP Last Name _____ QP SSN _____

They are being ☐ **ADDED** ☐ **DROPPED EFFECTIVE** _____ DOB: _____
POSITION (Check ☒ one): ☐ Owner ☐ Corp. Officer ☐ LLC Member ☐ Employee ☐ Partner ☐ Other _____

Classification _____ QP First Name _____ QP Last Name _____ QP SSN _____

They are being ☐ **ADDED** ☐ **DROPPED EFFECTIVE** _____ DOB: _____
POSITION (Check ☒ one): ☐ Owner ☐ Corp. Officer ☐ LLC Member ☐ Employee ☐ Partner ☐ Other _____

Classification _____ QP First Name _____ QP Last Name _____ QP SSN _____

They are being ☐ **ADDED** ☐ **DROPPED EFFECTIVE** _____ DOB: _____
POSITION (Check ☒ one): ☐ Owner ☐ Corp. Officer ☐ LLC Member ☐ Employee ☐ Partner ☐ Other _____

Classification _____ QP First Name _____ QP Last Name _____ QP SSN _____

They are being ☐ **ADDED** ☐ **DROPPED EFFECTIVE** _____ DOB: _____
POSITION (Check ☒ one): ☐ Owner ☐ Corp. Officer ☐ LLC Member ☐ Employee ☐ Partner ☐ Other _____

5. QP AFFIRMATIONS AND HISTORY—Complete if you are ADDING a QP or new classification

If you are adding **MULTIPLE** QPs to the license, complete and attach this page for each new QP added.

- a) Are you now or have you ever 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 attached to a NM Contractor's License as the QP, complete the following questions 1-3, as applicable:

- 1) I am TERMINATING my relationship as qualifying party on License #: _____, effective _____.
- 2) I am CANCELLING my current License #: _____, effective: _____.
- 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.

I intend to be attached to two or more licenses as QP at the same time, and am attaching this form.

☐ YES ☐ Not Applicable

- | | | | |
|--|---|-----------------------------|------------------------------|
| c) Are you current with child support regulations in New Mexico? | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| d) Have you worked outside the scope of your classification(s) in the last 12 months? | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| e) Are there any unpaid judgments against you from any state? | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| f) Do you have any outstanding fines with CID? | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| g) Do you have any outstanding permit fees with any jurisdiction? | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| h) Have you bid or performed any unlicensed work in the last 12 months? | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| i) Do you have any unresolved complaints with CID or in any other state? | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| j) Has your license or certificate ever been revoked in any other state? | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| k) Have you ever been convicted of a disqualifying felony pursuant to NMAC 14.6.3.8 F? | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

If you answered "no" to question c, or "yes" to any question d-k, submit a detailed explanation with documentation.

I hereby affirm, under penalty of perjury, that:

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

I am familiar with the provisions of the construction industries licensing act, its rules, regulations, codes, and standards and shall fully comply with all provisions of these laws. 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 aware 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.

Qualifying Party Signature: _____

Full Name (PRINTED) _____

Date _____, 20____

NOTARY

County of _____
State of _____

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public

My commission expires _____, 20____

SEAL

6. Ownership and Personnel

Provide the information below for individuals including, but not limited to:

All owners of the company, all managing partners, all officers registered with the SOS/PRC, all managing members, and all individuals otherwise authorized to legally bind the entity.

PLEASE NOTE: If you are neither a QP nor listed in the personnel section, you can neither sign on behalf of the company, nor obtain information on its status.

The person below is being ☐ **ADDED** ☐ **DROPPED**

First Name: _____ Last Name: _____

SSN: _____ - _____ - _____ Position or Job Title: _____ DOB: _____

Address _____ City: _____

State: _____ ZIP: _____ Can this person make changes to the license? Yes ☐ No ☐

Email: _____

The person below is being ☐ **ADDED** ☐ **DROPPED**

First Name: _____ Last Name: _____

SSN: _____ - _____ - _____ Position or Job Title: _____ DOB: _____

Address _____ City: _____

State: _____ ZIP: _____ Can this person make changes to the license? Yes ☐ No ☐

Email: _____

The person below is being ☐ **ADDED** ☐ **DROPPED**

First Name: _____ Last Name: _____

SSN: _____ - _____ - _____ Position or Job Title: _____ DOB: _____

Address _____ City: _____

State: _____ ZIP: _____ Can this person make changes to the license? Yes ☐ No ☐

Email: _____

The person below is being ☐ **ADDED** ☐ **DROPPED**

First Name: _____ Last Name: _____

SSN: _____ - _____ - _____ Position or Job Title: _____ DOB: _____

Address _____ City: _____

State: _____ ZIP: _____ Can this person make changes to the license? Yes ☐ No ☐

Email: _____

7. Licensee Affirmations and Signatures

To be completed by an individual already authorized to sign on behalf of the company (QP, ownership, personnel, etc)

1. COMPANY HISTORY

- | | | |
|--|----------|-----------|
| a) Has the company completed any work outside the scope of your classification(s) in the last 12 months? | _____ NO | _____ YES |
| b) Are there any unpaid judgments against the company from any state? | _____ NO | _____ YES |
| c) Does the company have any outstanding fines with CID? | _____ NO | _____ YES |
| d) Does the company have any outstanding permit fees with any jurisdiction? | _____ NO | _____ YES |
| e) Has the company bid or performed any unlicensed work in the last 12 months? | _____ NO | _____ YES |
| f) Does the company have any unresolved complaints with CID or in any other state? | _____ NO | _____ YES |
| g) Has your license or certificate ever been revoked in any other state? | _____ NO | _____ YES |
| h) Is the company licensed in any other state? <i>If "yes," provide verification.</i> | _____ NO | _____ YES |

If "YES" to any question, **MUST** 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

County of _____

State of _____

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

Notary Public

SEAL

My commission expires _____, 20_____

Payment

There is no fee for removing a qualifying party, changing personnel, or updating contact information.

The base fee for a Status Change Form is \$36. Payment can be submitted via card, check, or money order.

If you are ADDING a classification to the license which it does not currently have, please call PSI for a prorated fee.

Submit Application Packet and Payment to (by walk-in or mail):
PSI, 9550 SAN MATEO BLVD NE, STE F, ALBUQUERQUE, NM 87113
(877) 663-9267 public.psiexams.com
Payments may be made by personal check, company check, money order, cashier's check, credit card (NO CASH)
ALL SUBMISSIONS MUST INCLUDE <u>ORIGINAL</u> DOCUMENTS. YOU MAY <u>NOT</u> SUBMIT AN APPLICATION BY FAX OR EMAIL.
Check one: MC___ VISA___ AMEX___ DISC___ Full Card No. _____
Expiration Date: _____ Card Verification No: _____ Zip Code: _____
Cardholder Name (Print) _____ Signature: _____
<small><u>For your security, PSI requires you to enter the card identification number located on the credit card. The card Identification number is usually located on the back of the card and consists of the last three digits on the signature strip.</u></small>