

## HOW TO RENEW A CONTRACTOR LICENSE

**WE HAVE MOVED: 9550 SAN MATEO BLVD NE, STE F, ALBUQUERQUE, NM 87113**

### **\*\* UPDATES TO SECRETARY OF STATE REGISTRATION REQUIREMENTS AT RENEWAL \*\***

If the contractor license is for a Corporation or Limited Liability Company and includes a DBA, the Secretary of State registration **MUST** be updated to include the DBA before a renewal can be processed.

**The license must be renewed within 90 days of expiration date.**

Your New Mexico contractor license will expire every three years, effective on the last day of the month in which it was issued. Licenses not renewed by the expiration date are suspended. Licenses not renewed within 90 days of the expiration date are cancelled. Late fees will be assessed as follows: 1-30 days – \$1.00 per day, 30-90 days – equivalent to 1 year's fee. Corrected renewals re-submitted after the license expiration dates are subject to late fees, suspension, and cancellation as indicated above.

Renewal forms will be sent only to your address of record. If you do not renew before your expiration date, a suspension notice in the form of a renewal application will be sent to you approximately 15 days after your expiration date. If you have moved and have not completed the change of address of record procedure, you may not receive renewal forms. **WHETHER OR NOT YOU RECEIVE NOTICE OF RENEWAL IT IS YOUR RESPONSIBILITY TO RENEW YOUR LICENSE ON TIME. YOUR LICENSE WILL EXPIRE IF NOT PROPERLY RENEWED.**

Once you receive a renewal application, please submit to PSI with the following items:

- Renewal application must be complete, legible, signed by an individual who has authority to sign for the licensee and by the qualifying party(s) on the license for each classification. You must correct any information that is printed on the form that is no longer correct.
- The application must be properly notarized. The dates on the signatures **MUST** be the same date. Only originals are accepted.
- Applicable license renewal fee, payable to PSI.
- **New Bond or Continuation Certificate that covers the entire 3-year term of the license.**
- Self-addressed envelope (letter-size) with sufficient postage. This envelope will be used to send your renewal materials back to you if your submission is rejected, or to send your new wallet cards once your renewal documents have been processed.

**\*\*Complete submissions must be mailed, or hand delivered to  
PSI     9550 SAN MATEO BLVD NE, STE F, ALBUQUERQUE, NM 87113**

**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.

- Workers' Compensation Insurance is required of all licensees. The Workers' Compensation Administration (main office) is located at 2410 Centre Ave. S.E. Albuquerque, NM 87106, phone# (505) 841-6000.
- All Qualifying Parties are subject to compliance with the Parental Responsibilities Act.
- All Qualifying Parties and owners are subject to *NMAC 14.6.3.8 F*

**NEW MEXICO**  
**CONTRACTOR LICENSE RENEWAL FORM—BLANK VERSION**

AN INCOMPLETE, INCORRECT OR OTHERWISE DEFECTIVE APPLICATION WILL NOT BE PROCESSED.  
PRINT CLEARLY. USE ALL CAPITAL LETTERS.

DATE: \_\_\_\_\_

**SECTION A:** Complete the following license information:

LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**SECTION B:** Qualifying Party(ies)

All Qualifying Parties must sign below (NO SCANS/COPIES)

	Signature: _____	DOB: _____
	Signature: _____	DOB: _____
	Signature: _____	DOB: _____
	Signature: _____	DOB: _____
	Signature: _____	DOB: _____
	Signature: _____	DOB: _____
	Signature: _____	DOB: _____

**Classification(s) on license:** \_\_\_\_\_

**Section C:** Please Verify Business Type:

☐ Sole Proprietor ☐ Corporation ☐ Limited Liability Company ☐ Partnership (General) ☐ Partnership (Limited)  
☐ Limited Liability Partnership ☐ Joint Venture ☐ Other (please specify) \_\_\_\_\_

**BOND:**

**You must submit a continuation certificate OR a new contractor license code bond. Your bond term must begin on or before the day your license currently expires and end three years from your current license expiration date.**

## SECTION D: ATTESTATIONS

Check and sign below to attest to the following.

If you are unable to check one or more box(es), please attach a detailed explanation and documentation

- ☐ I have not bid or performed work that is beyond the scope of my license in the last 24 months.
- ☐ I have not allowed any person or business to use my license or my license number for the purpose of engaging in contracting in the last 24 months.
- ☐ I do not have any outstanding judgments or active complaints against me.
- ☐ I do not have any outstanding fees or penalties with CID.
- ☐ If required, my company is in good standing with the New Mexico Public Secretary of State.
- ☐ I have never been convicted of a disqualifying felony, pursuant to *NMAC 14.6.3.8 F*
- ☐ I am authorized to legally bind and sign on behalf of the licensee to whom this renewal application applies.

I swear or affirm under penalty of perjury that all statements, attestations and information provided by me above are true and correct, to the best of my knowledge. I understand that any false statement made in this application can result in administrative action against any certificate to which this renewal application applies.

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

Date: \_\_\_\_\_

Full Name (PRINT) \_\_\_\_\_

***Notary***

State of \_\_\_\_\_

(Seal)

County of \_\_\_\_\_

This record was signed before me on \_\_\_\_\_,  
(Date)

\_\_\_\_\_  
*Signature of Notarial Officer*

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

## SECTION E: PAYMENT

Submit renewal Packet and Payments to (by walk-in or mail):

**PSI 9550 SAN MATEO BLVD NE, STE F, ALBUQUERQUE, NM 87113**

***WE HAVE MOVED (2025)—PLEASE NOTE OUR NEW ADDRESS***

***(877) 663-9267 [public.psiexams.com](http://public.psiexams.com)***

Acceptable forms of payment are check, money order, debit card, or credit card

Please make all checks/money orders payable to PSI

(Check one): ☐ MC ☐ VISA ☐ American Express ☐ Discover

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

Card Security Code\*: \_\_\_\_\_

***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. \*IF AMEX, REQUIRE 4 DIGIT***

Billing ZIP Code: \_\_\_\_\_

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