

# HOW TO OBTAIN A NEW CONTRACTOR LICENSE



These instructions apply to new licenses only. If you wish to add a classification or a qualifying party to an existing license, please see HOW TO ADD A CLASSIFICATION or HOW TO ADD A QUALIFYING PARTY.

Every license must have at least one qualifying party for each classification of work covered by the license. If you are not currently, or do not currently employ, a qualifying party certified in the classification of work you intend to perform, please see HOW TO OBTAIN A QUALIFYING PARTY CERTIFICATE.

**ONE:** Determine the classification of license and/or certification you need to do the work you are planning to perform. License classifications are listed in the New Mexico Administrative Code, Title 14 Chapter 6 Part 6, which can be found at [www.nmcpr.state.nm.us](http://www.nmcpr.state.nm.us)

**IMPORTANT NOTE:** If you are uncertain of the proper classification, please complete Classification Determination Request form and submit it to PSI along with a detailed description of the work to be performed. If the license is needed to bid or perform work that will be awarded based on a competitive process, please also include a copy of the project scope of work. Forms can be found on the PSI website (<http://public.psiexams.com>)

To ensure clear communication, responses to Classification Determination Requests are not made by phone. The written determination will either be mailed or sent to faxed to you.

**TWO:** Check with PSI to make sure that the name you intend to use on license is available. 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. Be sure to clear the proposed name with PSI **BEFORE** registering it with the New Mexico Secretary of State or applying for a New Mexico tax ID number. Company name cannot reflect a trade outside classification scope of the license, please see 14.6.3.8 item a, 4. If using "Engineer" in company name, there must be a New Mexico certified engineer on staff, please provide documentation with your application.

**THREE:** Submit completed packet with the correct application, certificate and license fees. The complete packet must include:

1. Complete Contractor License Application.
2. Copy of valid qualifying party certificate, or copy of exam score report showing passing scores on exam(s) for applicable classification(s). May submit official transcript showing passing grade on business and law course administered by a CID approved school in lieu of passing score on business and law exam. If a Qualifying Party intends to qualify two or more licenses at the same time, you **MUST** submit proof of at least thirty person (30%) common ownership between all of the licensed entities. Please list all company license names and numbers, and all ownership information for each license.
3. Proof of Financial Responsibility: Bond - must be issued in the exact name shown on application.
4. Proof of current (within the last year) New Mexico Tax ID number application with official stamp or registration certificate. Must be issued in the exact name shown on application. (Contact the New Mexico Taxation and Revenue Department at: 505-827-0700)
5. **IF A CORPORATION, LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP OR LIMITED LIABILITY COMPANY:** Proof of registration with the New Mexico Secretary of State (505)827-3600. Must be issued in the exact name shown on application.
6. Self-addressed envelope large enough and with sufficient postage to return your application materials if your application is rejected. If your application is accepted, this envelope will be used to send your new license once it has been issued.
7. Complete packets must be delivered by hand or mail. Faxed or emailed forms will not be accepted. Submit completed packets to:

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



**INCOMPLETE PACKETS WILL NOT BE PROCESSED.** If your packet is incomplete, incorrect or otherwise insufficient, it will be returned to you.

**NOTE:** If you have pending administrative or disciplinary actions with CID, are not in compliance with child support or workers' compensation laws, or are under investigation for unlicensed activity, you may not be eligible for a license and your application may be placed on hold pending resolution of the issue(s).

**FOUR:** Once your packet has been accepted and your eligibility cleared, your license will be issued and you will receive it by USPS.

**FIVE:** Your license will be effective for three years from the date of issuance. Please see HOW TO RENEW A CONTRACTOR LICENSE for renewal information.

\*\*Contractors licensed by CID performing work on manufactured homes must be registered with the Manufactured Housing Division (MHD). Call MHD at (505) 476-4770.

\*\*Workers compensation insurance is required of all licensees. If you are a sole proprietor with no employees, you may be exempt from worker's compensation insurance requirements. The Workers' Compensation Administration telephone number is (505) 841-6000.



**4. QUALIFYING PARTY HISTORY** (complete one for each qualifying Party)

QP Name \_\_\_\_\_

- 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 already 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. Are you current with child support regulations in New Mexico?  NO  YES  N/A
- d. Do you have any unresolved complaints with CID or in any other state?  NO  YES
- e. Are there any unpaid judgments against you from any state?  NO  YES
- f. Do you have any outstanding fines with CID?  NO  YES
- g. Do you have any outstanding permit fees with any jurisdiction?  NO  YES
- h. Have you bid or performed any unlicensed work in the last 12 months?  NO  YES
- i. Have you worked outside the scope of your classification(s) in the last 12 months?  NO  YES
- j. Has your license or certificate ever been revoked in any state?  NO  YES

If you have answered 'yes' to any of the above questions, d-j, submit a detailed explanation with documentation.

**5. AFFIRMATIONS AND SIGNATURES**

I hereby affirm, under penalty of perjury, that all information provided in this application is true and correct to the best of my knowledge. I understand that any false statement by me in this application may result in administrative action against any license or certification issued on the basis of this application. I further acknowledge that I am required to immediately notify PSI, in writing, of any material change in my status as a licensee, qualifying party or certified journeyman (including without limitation change of address, 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: \_\_\_\_\_

Please provide full name (PRINTED): \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_\_

**NOTARY**

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

SEAL

\_\_\_\_\_  
Notary Public

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



**6. OWNERSHIP AND PERSONNEL.** Provide the full name and address of the following individuals: All owner(s) of the company. If a sole proprietor, the individual applying; if a partnership, all managing partners; if a corporation, all officers registered with PRC; if an LLC, all managing members; if a joint venture, or other type of legal entity, all individuals authorized to legally bind the entity. Additional sheets can be downloaded at [public.psiexams.com](http://public.psiexams.com).

**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 the license  Yes  No

**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 the license  Yes  No

**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 the license  Yes  No

**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 the license  Yes  No



**10. FEES AND PAYMENT**

\$300 per classification  
GB02 GB98 GA98  
GF 98 EE98 MM98

\$150 per classification  
All other single classifications

**Contractor License Application Fee**  
\$30 Application Fee  
\$6 Certificate Fee

The maximum fee for multiple classifications within a category is \$300

**EXAMPLE**

GB98 + Any GS classification \$300  
EE98 + Any ES classification \$300  
MM98 + Any MS classification \$300

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

PSI  
2820 Broadbent Pkwy NE, Suite E&F  
Albuquerque, NM 87106  
(877) 663-9267  
[public.psiexams.com](http://public.psiexams.com)

- **If changing entities**, please contact PSI for a pro-rated fee.
- Make all checks or money orders payable to PSI.
- Walk-in payments may be made personal check, company check money order, cashiers check, VISA, MasterCard or American Express. **(NO CASH)**
- Mail payments may be made by personal check, company check, money order, cashiers check, VISA, MasterCard or American Express **(NO CASH)**.

**ALL SUBMISSIONS MUST INCLUDE ORIGINAL DOCUMENTS.  
YOU MAY NOT SUBMIT AN APPLICATION 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.*

Billing Sreet Address: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

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

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



**CONSTRUCTION INDUSTRIES DIVISION  
CONTRACTOR LICENSE CODE BOND**

BOND NUMBER: \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENTS:

That we, \_\_\_\_\_, as Principal,  
(Must match the name on the license)  
and \_\_\_\_\_, a surety company organized under the laws of the  
State of \_\_\_\_\_, which is duly authorized to do business in the State of New Mexico,  
as Surety, are both held and firmly bound unto the State of New Mexico, Regulation and Licensing  
Department, and any person suffering damage due to a code violation by the Principal, as Obligee, in the  
penal sum of TEN THOUSAND DOLLARS (\$10,000.00), lawful money of the United States of  
America, for the payment of which sum, well and truly to be made, we bind ourselves and our legal  
representatives, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH that the Principal has applied to the Obligee for  
a license to engage in the contracting business in the State of New Mexico and, as a condition of being  
granted such license, gives this bond which shall run concurrent with the license term, which is three (3)  
years from the date of issuance, to comply with the requirements of NMSA 1978, § 60-13-49, which  
statute is incorporated herein as though fully set forth.

NOW, THEREFORE, the Principal shall faithfully perform all construction work in compliance with all  
applicable building codes, as set forth in NMAC Title 14, Chapters 7 through 10, and shall cure any  
violation certified by the Obligee within the time period specified by the Obligee. If the Principal fails to  
cure any violation, after being given reasonable time to cure such violation, and if the Obligee certifies  
such failure to Surety, pursuant to NMAC Title 14, Chapter 5, Part 9, Subsection 10, the Surety shall  
indemnify any consumer pursuant to NMAC Title 14, Chapter 5, Part 9.

If the Principal fulfills its obligations under NMAC Title 14, Chapters 7 through 10, then this obligation  
shall be void upon cancellation or expiration of the bond, otherwise to remain in full force and effect for  
a period commencing on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and expiring at the end of the month that  
the license expires unless the Obligee receives a Continuation Certificate issued by the Surety.

PROVIDED, this bond is issued subject to the following express conditions:

1. After the initial term, this bond may be renewed for a subsequent term of three (3) years by filing a  
Continuation Certificate issued by the Surety.
2. It is understood and agreed that the aggregate liability of the Surety shall not exceed the penal sum  
of this bond, and if the Surety so elects, this bond may be cancelled by the Surety upon thirty (30)  
days written notification to PSI Services, LLC. the Obligee's third-party vendor, or thirty (30) days  
after Surety's receipt of Obligee's written request.
3. Any claim against the bond must be made within two (2) years from the date on which the days  
after Surety's receipt of final inspection of the work for which the code violation occurred was  
performed by the jurisdiction having code enforcement authority, or the issuance date of the  
certificate of occupancy for the project for which the code violation occurred, whichever is earlier,  
pursuant to NMAC Title 14, Chapter 5, Part 9, Subsection 8.
4. Regardless of the number of years this bond shall continue in force, the number of claims made  
against this bond, and the number of premiums which shall be payable or paid, the Surety's total

limit of liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be cumulative.

SIGNED and DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Principal Name

\_\_\_\_\_  
Surety Name

By \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Attorney-in-Fact

Name of local Agency issuing bond: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

*Power of attorney must accompany the bond*

Form Effective Date 9/1/2022