



Application For A New Mexico Contractor License

Under Section 60-13-1 to 60-13-58, NMSA 1978

Fees & Facts about applying for a New Mexico Contractor's License

1. Review your application thoroughly for completeness and correctness before submitting it for approval and processing. Allow 3 to 5 working days for CLSI to process your application before calling this office to check on its status.
2. The company name on all application forms and documents submitted **MUST BE EXACT** and must be the name under which you advertised and conduct business.
3. If you apply as a corporation or LLC, provide a copy of the applicable certificate issued by the New Mexico Public Regulation Commission with your application. Registration with the New Mexico Public Regulation Commission will be verified.
4. All corporations, LLC's and LLP's with no physical address in New Mexico, must provide the name and physical New Mexico address of a registered agent. (see Question 2 on the application.)
5. Page 4 of the application must be signed by an individual authorized to legally bind the business entity to a contract.
6. In order to obtain a contractor's license you must be or have in your employ, an individual (employee or owner) qualified for the classification you are applying for.
7. Include a \$30.00 application fee and a \$6.00 Certificate fee and applicable license fees (non-refundable). **DO NOT SEND CASH.** Fees may be paid by cash (in person), check, money order, Visa, Master Card, or American Express. For charge card payment please fill out the section at the bottom of this page and sign.
8. If you are using a Financial statement it must be current and audited by either a certified public accountant or by a financial institution such as a bank. Certified financial statements must be signed by a bank official, partner or a corporate officer. This certification must state, "This is to certify that this financial statement truly and fairly represents the financial condition of ...(your company)".
9. Every contractor **MUST MEET FINANCIAL RESPONSIBILITY REQUIREMENTS.** A contractor's maximum permit or contract value may be increased at any time but may be decreased only at renewal. If you are using a bond or cash collateral assignment, the company name must read **EXACTLY** the same as the name on your application. The cash collateral or bond document must be signed by a bank official or bonding agent and the applicant and must be notarized. The original form you are using and the original Power of Attorney must be submitted with this license application. The cash collateral assignment must be deposited in a bank or financial institution authorized to do business in New Mexico and shall not be released for a period of 12 months after the change in the permit level or of license status. A request for release of cash collateral must be made in writing to this office.

Cash Collateral/Bonding Amount	
must be made in one of the following amounts	Resulting Maximum Permit or Contract Amount
\$500	\$25,000
\$1,000	\$200,000
\$2,500	\$1,000,000
\$5,000	unlimited

Fee Schedule	
\$300 per Classification	\$150 per Classification
GB02 GB98 GA98 GF98 EE98 MM98	ALL OTHER CLASSIFICATIONS
The maximum fee for multiple classifications within a category is \$300	

10. Submit a copy of your Taxation and Revenue registration certificate, indication your state tax ID number. Your company name must read **EXACTLY** the same as the name on your application. The Taxation and Revenue Department phone number is 505-827-0700.
11. If you have employees, by law you must obtain worker's compensation insurance. **All worker's compensation insurance filings must be made in the office of the Director, Worker's Compensation Administration, 505-841-6000. DO NOT file with the Construction Industries Division or with CLSI.**
12. Exam Scores are valid for twelve (12) months. Licenses are issued for a three (3) year period.
13. The application process must be completed within six months of the date it is first received in this office. Any application NOT completed within this period shall be void and all fees will be forfeited.
14. Submit payment and forms to:

CLSI
3211 Coors Blvd SW Ste. D-4,
Albuquerque, NM 87121
505-452-8311 fax 505-452-8310 www.contractorsnm.com

Charge Card Payment

<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex	card number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	expiration date	<input type="text"/>	<input type="text"/>
	name (as it appears on card)	<input type="text"/>						
	Cardholder will pay card issuer amount pursuant to cardholder agreement	<input checked="" type="checkbox"/>						

Question 1

Have you obtained worker's compensation insurance as required by the Worker's Compensation Administration?

YES

NO

If "YES" Write the name of your Insurance Carrier

If "NO" Does your company have at least one employee?

[Grid for Insurance Carrier Name]

YES

NO

(An active corporation/LLC must have worker's compensation insurance)

Question 2

If you are applying as a corporation, LLC, or LLP write the name of your Registered Agent and Physical Address

Registered Agent Name

Agent's Physical Address (No PO Box or Rural Routes)

[Grid for Registered Agent Name]

[Grid for Agent's Physical Address]

City

State

Zip Code

[Grid for City]

[Grid for State]

[Grid for Zip Code]

Question 3

Have you bid on or performed work during the past twelve months that requires a license from the New Mexico Construction Industries Division without being licensed for the construction work bid or performed?

If "YES" attach detailed explanation

YES

NO

Question 4

Are there any unresolved complaints filed against you with Construction Industries Division of New Mexico?

YES

NO

Question 5

Are you current with child support payments in New Mexico?

N/A (no child support obligation)

YES

If "NO" attach explanation

NO

NOTE! If you are currently paying child support through the New Mexico Human Services Department, Child Support Enforcement Division, you must file a letter of compliance with us.

Personnel of Applicant

Provide the full name and address of the following personnel:

If sole proprietor, the individual applying; if a partnership, a member of the partnership; if a corporation, joint venture, association, or other type of organization, the name of an individual authorized to legally bind the business entity to a contract.

1. FIRST NAME [Grid] LAST NAME [Grid]
 ADDRESS [Grid] CITY [Grid] STATE [Grid] ZIP CODE [Grid]
 SOCIAL SECURITY NUMBER [Grid] DATE OF BIRTH [Grid] / [Grid] / [Grid]

2. FIRST NAME [Grid] LAST NAME [Grid]
 ADDRESS [Grid] CITY [Grid] STATE [Grid] ZIP CODE [Grid]
 SOCIAL SECURITY NUMBER [Grid] DATE OF BIRTH [Grid] / [Grid] / [Grid]

3. FIRST NAME [Grid] LAST NAME [Grid]
 ADDRESS [Grid] CITY [Grid] STATE [Grid] ZIP CODE [Grid]
 SOCIAL SECURITY NUMBER [Grid] DATE OF BIRTH [Grid] / [Grid] / [Grid]

Signatures _____

Notary applies to all signatures on this page. Attach additional statements if necessary.

To be signed by the qualifying party(ies)

I hereby certify that if for any reason I terminate my association with the above firm or cease to be its qualifying party, I will immediately notify CLSI on behalf of the Construction Industries Division in writing.

I solemnly swear or affirm under penalty of perjury that all information furnished is true and correct to the best of my knowledge and belief. I understand that any false statement by me herein may result in fines and/or an administrative action against any license or qualifying party certificate held by me.

X

X

Qualifying Party

Qualifying Party

X

Qualifying Party

NOTE! If the qualifying party is also the owner he/she must also sign below

I hereby certify that if the licensee has a change of address or if for any reason the association with the above named qualifying party(ies) is changed in any way, that the organization named in this application will immediately notify CLSI on behalf of the Construction Industries Division in writing.

I solemnly swear or affirm under penalty of perjury that all information furnished is true and correct to the best of my knowledge and belief. I understand that all false statements made herein can result in administrative action, penalties, fines and criminal action.

The application must be signed by an individual authorized to legally bind the business entity to a contract

X

Authorized Signature

Title

Notary _____

Subscribed and sworn to before me this _____ day of _____, 20_____

seal

Notary Public

My Commission expires _____, 20_____