Application For A New Mexico LP/CNG Dealer's License

CLSI For CID Licensing; Under Section 70-5-1 to 70-5-22, NMSA 1978

Information About Applying for a New Mexico LP/CNG Dealer's License

1. Review your application thoroughly for completeness and correctness before submitting it for approval and processing.

2. The company name on all application forms and documents submitted **MUST BE EXACT THE SAME** 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. The New Mexico Public Regulation Commission phone number is 505-827-4504.

4. All corporations, LLC's and LLP's must provide the name and physical New Mexico address of a registered agent.

5. Page 3 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 Dealer's license you must be or have in your employ, an individual (employee or owner) qualified for the classification you are applying for. Contact Experior at 505-884-5850 or www.experioronline.com if you need to schedule applicable exam(s)

7. Include a **$15.00** application fee and a **$10.00** fee for each qualifying party 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.

Fee Schedule

LP01	Wholesale sale or delivery of LP gas	$125	LP08	Manufacture of LP gas	$125
LP3s	Retail sale of LP Gas	$65	LP09	Station for dispensing LP gas	$35
LP04	Limited Installation & repair (must submit MM02 or MM98)	$125	LP10	LP gas carburetion sales, service & installation, including repair	$35
LP05	Installation, service & repair	$125	CNG1	CNG carburetion sale, service & installation	$35
LP06	Installation, service & repair	$75	LNG1	LNG carburetion sale, service & installation	$35
LP07	Wholesale sale or manufacture of appliance, equipment or containers	$50			

The maximum fee for multiple classifications is $300

8. Submit a copy of your Taxation and Revenue registration certificate, indicating 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.

9. 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 Contruction Industries Division or with CLSI.**

10. Insurance Requirements: **LP1, LP3S, LP4, LP5, LP6, LP10, CNG1 & LNG1** shall have the combined single-limit public liability insurance or a corporate surety bond in the amount of **$500,000.00** or more. **LP7 & LP9** shall have the combined single-limit public liability insurance or corporate surety bond in the amount of **$100,000.00** or more. Submit a Certificate of Insurance reflecting the applicable liability amounts and listing **CLSI** as Cert. Holder.

11. Exam Scores are valid for twelve (12) months. Licenses are issued for a one (1) year period.

12. 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.

13. Submit payment and forms to:

CLSI
3211 Coors Blvd SW Ste. A-3
Albuquerque, NM 87121
505-452-8311 fax 505-452-8310
www.contractorsnm.com email@contractorsnm.com

Charge Card Payment

☐ Visa
☐ Master Card
☐ Amex

Card number

Expiration date

Name (as it appears on card)

Cardholder will pay card issuer amount pursuant to cardholder agreement

X _____ $ _____

DO NOT USE THIS FORM, if you are already a licensed LP/CNG Gas Dealer in the State of New Mexico and you are adding classifications or Qualifying Parties to your license. Another form is available.

PRINT CLEARLY USING CAPITAL LETTERS, ONE LETTER OR NUMBER PER BOX.

BUSINESS NAME

TODAY'S DATE MM/DD/YYYY

MAILING ADDRESS

CITY | STATE | ZIP CODE | COUNTY

PRINCIPLE PLACE OF BUSINESS (No PO Boxes or Rual Routes)

CITY | STATE | ZIP CODE | COUNTY

OFFICE PHONE | OFFICE FAX | EVENING PHONE

YOU ARE DOING BUSINESS AS...

☐ Sole Proprietor ☐ Joint Venture ☐ Corporation ☐ Partnership (General) ☐ Partnership (limited) ☐ Limited Liability Company

☐ Other (please specify)

Please specify you New Mexico State Taxation & Revenue number

Question 1

Include a certificate of insurance listing **CLSI** as the **Certificate Holder** and provide the following information.

INSURANCE CARRIER | POLICY NUMBER: | POLICY LIMITS:

MAILING ADDRESS

CITY | STATE | ZIP CODE

Question 2

List the Classification(s) for which you are applying. (i.e. LP01, LP02, etc.)

Question 3

Are you current with child support payments in New Mexico?

☐ YES ☐ NO If "NO" attach explanation ☐ N/A (no child support obligation)

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 this application.

Official Use Only

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☐ v ☐ ae ☐ cs

☐ mc ☐ ch

AUTH# / CH#

List all employees whose work is connected with LP/CNG gas or equipment for its use:

Classification	QP First Name	QP Last Name	QP Social Security Number	Wallet Card #

To be signed by owner, partner or authorized corporate or joint venture officers.

I hereby certify that if the license has a change of address or it for any reason the association of 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, penalties fines, and criminal action.

An application by an individual must be signed by that individual. An application by a partnership, corporation or joint venture must be signed by an individual authorized to bind the business entity to a contract.

_____ _____

Authorized Signature Title

THIS FORM MUST BE NOTARIZED!!

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

Notary Public:_____ My Commission Expires: _____

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