



Status Change Form

CLSI For CID Licensing

USE THIS FORM FOR ADDING A CLASSIFICATION AND/OR QUALIFYING PARTY

PLEASE PRINT, USING CAPITOLS, ONE LETTER OR NUMBER PER BOX

INCOMPLETE FORMS WILL NOT BE PROCESSED **\*\***(Fees submitted are forfeited after 6 months)

LICENSEE BUSINESS NAME

Grid for licensee business name

MAILING ADDRESS

Grid for mailing address

CITY STATE ZIP CODE COUNTY

LICENSE NUMBER DATE LICENSE ISSUED LICENSE RENEWAL DATE TODAY'S DATE MM/DD/YYYY

OFFICE PHONE OFFICE FAX EVENING PHONE

Add Classification(s)

Add Qualifying Party

CLASSIFICATIONS

Enter the classification(s) you are adding. Consult the New Mexico Administrative Code for classifications.

Grid for classifications

QUALIFYING PARTY

FIRST NAME LAST NAME

MAILING ADDRESS

CITY STATE ZIP CODE SOCIAL SECURITY NUMBER

CERTIFICATE NUMBER DATE ISSUED HOME PHONE DATE OF BIRTH

Please enter the classification(s) held by this Qualifying Party

Grid for qualifying party classifications

QUESTION 1

Are you current w ith child support payments in New Mexico ?

N/A- No child support obligation  YES  NO If "NO" attach explanation

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.

QUESTION 2

Have you previously been a Qualifying Party for a Licensed New Mexico Contractor?  YES  NO

If "YES" provide the following information:

Company Name: \_\_\_\_\_ License #: \_\_\_\_\_ Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

MO YR MO YR

OFFICIAL USE ONLY

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