

QUESTION 1

Are you current with child support payments in New Mexico? If "NO", please attach a detailed explanation:

YES NO 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.

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 a detailed explanation. YES NO

QUESTION 4

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

YES NO

IMPORTANT MESSAGE!! PLEASE NOTE:

The Workers Compensation Administration reads the statute literally and has determined that the provisions of the Worker's Compensation Act apply to all entities engaged in activities required to be licensed under the provisions of the Construction Industries Licensing Act. Failure to maintain Workers Compensation Insurance as required by the Workers' Compensation Act can result in suspension or revocation of license.

Personnel of Applicant

Provide the full name and address of the following personnel:

If a 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] - [Grid] - [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] - [Grid] - [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] - [Grid] - [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 _____
Qualifying Party Signature

X _____
Qualifying Party Signature

X _____
Qualifying Party Signature

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, 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 the 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

X _____
Title

NOTARY

Subscribed and sworn before me this _____ day of _____ 20____

seal

Notary Public
My commission expires _____, 20____