

NEW MEXICO APPLICATION LPG QUALIFYING PARTY CERTIFICATE

AN INCOMPLETE OR INCORRECT APPLICATION WILL NOT BE PROCESSED
PRINT CLEARLY. USE ALL CAPITALS. BLACK OR BLUE INK ONLY.

1. APPLICANT INFORMATION

Today's Date (MM/DD/YYYY)

		/			/				
--	--	---	--	--	---	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Name

--	--	--	--	--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

Zip Code

--	--	--	--	--	--

Social Security Number

						-						
--	--	--	--	--	--	---	--	--	--	--	--	--

Age

--	--

Daytime Phone

						-						
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Alternative Phone

						-						
--	--	--	--	--	--	---	--	--	--	--	--	--

Date of Birth (MM/DD/YYYY)

		/			/							
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2. CLASSIFICATIONS. Enter the classification(s) for which you are applying. Consult the LP Gas Standards. For example: LP-5.

Classification

Classification

4. AFFIRMATION AND SIGNATURE

⇒ Are you in compliance with the Parental Responsibilities Act?

NO

YES

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 qualifying party or change of address, and failure to do so can result in administrative action up to and including revocation of the certificate affected by the change.

Applicant signature: _____ Date: _____

Please provide full name (PRINTED): _____

NOTARY

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

SEAL

Notary Public

My commission expires _____ 20_____



6. **PAYMENT** Submit Application Packet and \$15 Application fee to:

PSI
2301 Yale Blvd. S.E., Ste C-4
Albuquerque, NM 87106
(877) 663-9267 public.psiexams.com

- Walk-in or mail only
- Make all checks or money orders payable to PSI.
- Walk in payments may be made by cash, personal check, company check, money order, cashiers check, VISA or MasterCard.
- Mail payments may be made by personal check, company check, money order, cashiers check, VISA or MasterCard (NO CASH).

ALL SUBMISSIONS MUST INCLUDE ORIGINAL DOCUMENTS

***YOU MAY NOT SUBMIT ANY APPLICATIONS BY FAX**

((Check one): MC VISA

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.

Cardholder Name (Print): _____ Signature: _____

