

# HOW TO OBTAIN A LP/CNG DEALER'S LICENSE



Review your application thoroughly for completeness and correctness before submitting it for processing. **INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED.** If your packet is incomplete, incorrect, or otherwise it will be rejected, and returned to you along with a statement of the reason for the rejection.

1. In order to obtain a Dealer's license you must be or have in your employment, an individual certified in the classification for which you are applying. To schedule a LP-Gas examination contact PSI Exam Services at: (800) 733-9267 or register for your exam online at [www.psiexams.com](http://www.psiexams.com)
2. Candidates who are **not** already certified must submit a LP-Gas Qualifying Party application (\$15.00), passing score letter (score letters are valid for one year) or LP9 training certification. LP-4 applicants are not required to take an exam but must hold a MM2 or MM98 license. The hands-on work for LP-4 must be performed by journeyman holding JG, JPG or JPF classification.
3. The company name on all application forms and documents submitted **MUST BE EXACTLY THE SAME** and it must be the name under which you advertise and conduct business. Please contact PSI to check if your proposed company name is available.
4. All applications must include the physical address of the local site. If you do not receive mail at that address you may also provide a local mailing address.
5. 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. To contact New Mexico Taxation and Revenue please call (505) 841-6200.
6. Submit a certificate of insurance reflecting the applicable liability amounts. LP1, LP3S, LP4, LP5, LP6, LP10, CNG1, LNG1 shall have combined single-limit public liability insurance or a corporate surety bond in at least the minimum of \$500,000.00. LP7, LP08, & LP9 shall have the combined single-limit public liability insurance or a corporate surety bond in at least the minimum amount of \$100,000.
7. If you apply as a Corporation, Limited Liability Company, Limited Partnership, or a Limited Liability Partnership, provide a copy of the applicable certificate issued by the New Mexico Secretary of State (505) 827-3614.
8. Include a \$15.00 application fee, a \$10.00 fee for each Qualifying party and the classification fee.

## Classification fees are:

LP01 Wholesale sale or delivery of LP gas \$125	LP07 Wholesale or manufacture of appliances, equipment or containers \$60
LP3S Retail sale of LP Gas \$65	LP08 Installation, service and repair of cylinder exchange cabinets \$35
LP04 Limited Installation & Repair (must hold MM02 or MM98) \$125	LP09 Station for dispensing LP gas \$35
LP05 Installation, service & repair \$125	LP10 LP gas carburetion sales, service & installation, including repair \$35
LP06 Installation, service & repair of mobile units only \$75	LNG1 LNG carburetion sale, service & installation \$35
	CNG1 Carburetion sale, service, and installation \$35

Submissions must be delivered by hand or mail. Faxed or emailed forms will **not** be accepted.

PSI  
2301 Yale Blvd. S.E., Suite C-4  
Albuquerque, NM 87106  
877-663-9267

Workers compensation insurance is required of all licensees. If you are a sole proprietor you may be exempt from Workers' Compensation Insurance Requirements. The Workers' Compensation Administration is located at 2410 Centre Ave SE, Albuquerque, NM 87106. The telephone number is (505) 841-6000.

# NEW MEXICO APPLICATION for LP/CNG DEALER'S LICENSE

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

Note: Please refer to "How to Obtain a LP/CNG Dealer's License" for additional requirements.

**1. APPLICANT INFORMATION**

Today's Date (MM/DD/YYYY)

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Proposed Licensee Name

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Mailing Address

City

State

Zip Code

--

Physical Address

City

State

Zip Code

--

Email: \_\_\_\_\_

Daytime Phone

Alternative Phone

Fax

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**2. TYPE OF BUSINESS ENTITY. Please check company entity:**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Sole Proprietor           | <input type="checkbox"/> Joint Venture                 | <input type="checkbox"/> Corporation         | <input type="checkbox"/> Partnership (General)  |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other (please specify) |

**3. LP DEALER LICENSE CLASSIFICATIONS APPLIED FOR: Enter the classification(s) for which you are applying, i.e., LP01, LP3S, etc.**

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**4. CLASSIFICATIONS and QUALIFYING PARTIES.** Enter the classification(s) of qualifying parties to be added or dropped. If not currently a valid qualifying party, attach LPG Qualifying Party Application with test scores or training certificates (LP09). If applying for LP04, indicate MM02/MM98 license number.

ADD  DROP  TERMINATION DATE: \_\_\_\_\_

Classification	QP First Name	QP Last Name	QP Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Licenses you currently qualify: License# \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Licenses from which you are dropping: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

QP Date of Birth  /  /

Are you in compliance with the Parental Responsibilities Act?  YES  NO  N/A

Signature: X \_\_\_\_\_

ADD  DROP  TERMINATION DATE: \_\_\_\_\_

Classification	QP First Name	QP Last Name	QP Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Licenses you currently qualify: License# \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Licenses from which you are dropping: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

QP Date of Birth  /  /

Are you in compliance with the Parental Responsibilities Act?  YES  NO  N/A

Signature: X \_\_\_\_\_

ADD  DROP  TERMINATION DATE: \_\_\_\_\_

Classification	QP First Name	QP Last Name	QP Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Licenses you currently qualify: License# \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Licenses from which you are dropping: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

QP Date of Birth  /  /

Are you in compliance with the Parental Responsibilities Act?  YES  NO  N/A

Signature: X \_\_\_\_\_

ADD  DROP  TERMINATION DATE: \_\_\_\_\_

Classification	QP First Name	QP Last Name	QP Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Licenses you currently qualify: License# \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Licenses from which you are dropping: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

QP Date of Birth  /  /

Are you in compliance with the Parental Responsibilities Act?  YES  NO  N/A

Signature: X \_\_\_\_\_

**5. OWNERSHIP AND PERSONNEL.** Provide the full name and address of the following individuals: All owner(s) of the company. If a sole proprietor, the individual applying; if a partnership, all partners; if a corporation, all officers registered with the New Mexico Secretary of State; if an LLC, all members; if a joint venture, or other type of legal entity, all individuals authorized to legally bind the entity. Additional sheets may be downloaded at [public.psiexams.com](http://public.psiexams.com)

**First Name**

**Last Name**

**Address**

**City**

**State**

**Zip Code**

**Social Security Number**

 -  - 

**Date of Birth**

 /  / 

Title: \_\_\_\_\_ is this person authorized to request any changes to the license?  Yes  No

**First Name**

**Last Name**

**Address**

**City**

**State**

**Zip Code**

**Social Security Number**

 -  - 

**Date of Birth**

 /  / 

Title: \_\_\_\_\_ is this person authorized to request any changes to the license?  Yes  No

**First Name**

**Last Name**

**Address**

**City**

**State**

**Zip Code**

**Social Security Number**

 -  - 

**Date of Birth**

 /  / 

Title: \_\_\_\_\_ is this person authorized to request any changes to the license?  Yes  No

**First Name**

**Last Name**

**Address**

**City**

**State**

**Zip Code**

**Social Security Number**

 -  - 

**Date of Birth**

 /  / 

Title: \_\_\_\_\_ is this person authorized to request any changes to the license?  Yes  No

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**6. AFFIRMATIONS AND SIGNATURES**

- a. Does this company, any qualifying party, or personnel listed in the personnel section of this application:
- |  |                             |                              |
|--|-----------------------------|------------------------------|
| ⇒ Have any unresolved complaints pending with LP Gas Bureau? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| ⇒ Have any outstanding or unpaid judgments?                  | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| ⇒ Have any outstanding fines with LP Gas Bureau?             | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| ⇒ Have any outstanding permit fees with LP Gas Bureau?       | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

**TO BE SIGNED BY OWNER, PARTNER OR AUTHORIZED CORPORATE OR JOINT VENTURE OFFICERS.**

I hereby affirm, under penalty of perjury, that:

I am the \_\_\_\_\_ (provide a title such as owner, president, manager) of the applicant and I am authorized to legally bind the applicant.

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 am required to immediately notify PSI, in writing, of any material change in the status of the licensee or qualifying party (including without limitation change of address or authorized contact, change of qualifying party, change of license name or legal entity), and that failure to do so can result in administrative action up to and including revocation of the license or certificate affected by the change.

Applicant signature: \_\_\_\_\_

Please print full name: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_\_

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**NOTARY**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

SEAL

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_, 20\_\_\_\_\_

(Continue to next page for payment information)

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## 7. PAYMENT

Submit application packet and payment to:

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

- Walk-in or mail only
- Make all checks or money orders payable to PSI.
- Payments may be made by personal check, company check, money order, cashiers' check, or credit card (VISA, MasterCard, American Express, Discover).
- Cash is also accepted for walk-in applications only.
- See fees below.

**ALL SUBMISSIONS MUST INCLUDE ORIGINAL DOCUMENTS.  
YOU MAY NOT SUBMIT AN APPLICATION BY FAX.**

**Include a \$15.00 application fee, a \$10.00 fee for each qualifying party and the classification fee.**

**Classification fees are:**

- |   |  |
|---|--|
| LP01 Wholesale sale or delivery of LP gas \$125                   | LP07 Wholesale or manufacture of appliances, equipment or containers \$60    |
| LP3S Retail sale of LP Gas \$65                                   | LP08 Installation, service and repair of cylinder exchange cabinets \$35     |
| LP04 Limited Installation & Repair (must hold MM02 or MM98) \$125 | LP09 Station for dispensing LP gas \$35                                      |
| LP05 Installation, service & repair \$125                         | LP10 LP gas carburetion sales, service & installation, including repair \$35 |
| LP06 Installation, service & repair of mobile units only \$75     | LNG1 LNG carburetion sale, service & installation \$35                       |

**Payment by credit card:**

Check one:  Visa  MasterCard  American Express  Discover

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Verification # \_\_\_\_\_ *The card verification number may be found on the back of the card (last three digits on the signature strip) or on the front of card (4 digits above and to the right of the credit card number).*

Billing Street Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Cardholder Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_