

CID CONTRACTOR CARD/CERTIFICATE REPLACEMENT REQUEST

This form is only for requesting duplicate licenses/certificates.

If you need to change an address/contact information, please submit a CID STATUS
CHANGE FORM

Fee: \$6/each

COMPANY NAME: _____

LICENSE NUMBER: _____

QUALIFYING PARTY (QP) NAME: _____

QP CERTIFICATE NUMBER: _____

Please print

- | | |
|---|----------------|
| ☐ Company Wallet Card | Quantity _____ |
| ☐ Company Wall Certificate | Quantity _____ |
| ☐ QP Wall Certificate | Quantity _____ |

This may be submitted by email to newmexicocustomerservice@psionline.com
or mailed to

PSI
9550 SAN MATEO BLVD NE, STE F,
ALBUQUERQUE, NM 87113

(Check One): ☐ Mc ☐ Visa ☐ American Express ☐ Discover

Full Card No: _____ Expiration Date: _____

Card Security Code*: _____

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. ***If Amex, Require 4 Digit***

Billing Zip Code: _____

Cardholder Name (Print): _____ Signature: _____