

HOW TO OBTAIN A LP/CNG 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) 663-9267 or register for your exam online at 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 or LLC, provide a copy of the applicable certificate issued by the New Mexico Secretary of State.
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
9550 San Mateo BLVD NE, STE F
Albuquerque, NM 87113
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 Central Ave SE, Albuquerque, NM 87106. The telephone number is (505) 841-6000.

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
			- -

Licenses you currently qualify: License# _____, _____, _____, _____

Licenses from which you are dropping: _____, _____, _____, _____

Are you in compliance with the Parental Responsibilities Act? ☐ YES ☐ NO

Signature: X _____

ADD ☐ DROP ☐ TERMINATION DATE: _____

Classification	QP First Name	QP Last Name	QP Social Security Number
			- -

Licenses you currently qualify: License# _____, _____, _____, _____

Licenses from which you are dropping: _____, _____, _____, _____

Are you in compliance with the Parental Responsibilities Act? ☐ YES ☐ NO

Signature: X _____

ADD ☐ DROP ☐ TERMINATION DATE: _____

Classification	QP First Name	QP Last Name	QP Social Security Number
			- -

Licenses you currently qualify: License# _____, _____, _____, _____

Licenses from which you are dropping: _____, _____, _____, _____

Are you in compliance with the Parental Responsibilities Act? ☐ YES ☐ NO

Signature: X _____

ADD ☐ DROP ☐ TERMINATION DATE: _____

Classification	QP First Name	QP Last Name	QP Social Security Number
			- -

Licenses you currently qualify: License# _____, _____, _____, _____

Licenses from which you are dropping: _____, _____, _____, _____

Are you in compliance with the Parental Responsibilities Act? ☐ YES ☐ NO

Signature: X _____

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
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														

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? | ☐ NO | ☐ YES |
| ⇒ Have any outstanding or unpaid judgments? | ☐ NO | ☐ YES |
| ⇒ Have any outstanding fines with LP Gas Bureau? | ☐ NO | ☐ YES |
| ⇒ Have any outstanding permit fees with LP Gas Bureau? | ☐ NO | ☐ 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____

NOTARY

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

SEAL

Notary Public

My commission expires _____, 20____

7. PAYMENT

Submit application packet and payment to:

PSI
9550 San Mateo BLVD NE, STE F
Albuquerque, NM 87113
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 personal check, company check, money order, cashier's check, VISA, MasterCard or American Express. (NO CASH)
- Mail payments may be made by personal check, company check, money order, cashier's check, VISA, MasterCard or American Express. (NO CASH).
- 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
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LP06 Installation, service & repair of mobile units only \$75	LNG1 LNG carburetion sale, service & installation \$35

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.

Billing Zip Code: _____

Cardholder Name (Print): _____ Signature: _____