

HOW TO ADD A QUALIFYING PARTY TO AN EXISTING DEALER'S LICENSE



Submit a completed "Status Change Form". The submission must include:

1. Form signed by an individual who is authorized to sign on behalf of the licensee, and by the new qualifying party.
2. The application must be properly notarized. Only originals are accepted.
3. Correct fee. Fee may be prorated; please contact PSI.
4. For **NEW** Qualifying Parties: Submit a LPG Qualifying Party Application with \$15 application fee. Include passing exam score report for each classification, training certificates (LP09), or proof of MM02/MM98 licensing (LP04).
5. Include a \$15.00 application fee for the Status Change Form and the classification fee (or prorated fee).

Classification fees are:

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

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



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

4. LP DEALER LICENSE CLASSIFICATIONS. Enter the classification(s) for which you are applying, i.e., LP01, LP3S, etc.

5. CLASSIFICATION 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 ☐ N/A

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 ☐ N/A

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 ☐ N/A

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 ☐ N/A

Signature: X _____

6. **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 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 can be downloaded at public.psiexams.com.

First Name 	Last Name
Address 	City
Social Security Number 	Date of Birth
Title: _____	

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														

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
Social Security Number 	Date of Birth
Title: _____	

Is this person authorized to request any changes to the license?
 ☐ Yes
 ☐ No



7. AFFIRMATIONS AND SIGNATURES

- | | | |
|--|-----------------------------|------------------------------|
| a. Do you have any unresolved complaints pending with LP Gas Bureau? | ☐ NO | ☐ YES |
| b. Are there any unpaid judgments against you? | ☐ NO | ☐ YES |
| c. Do you have any outstanding fines with LP Gas Bureau? | ☐ NO | ☐ YES |
| d. Do you have any outstanding permit fees with LP Gas Bureau? | ☐ NO | ☐ YES |

I hereby affirm, under penalty of perjury, that:

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

All information provided in this form is true and correct to the best of my knowledge. I understand that any false statement made by me in this application may result in administrative action against any license or certification affected by this status change request.

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 provide full name (PRINTED): _____

Date: _____ 20____

NOTARY

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

SEAL

Notary Public

My commission expires _____, 20____

8. 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 checks payable to PSI.
- Walk-in payments may be made by personal check, company check, money order, cashiers check, VISA, MasterCard or American Express. **(NO CASH)**
- Mail payments may be made by personal check, company check, money order, cashiers 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.**

Status Change Form requires a \$15 application fee and any additional fees required.

(Dropping a qualifying party, canceling a license, change in personnel, and an address change request do not require any fees).

Adding a Classification: If your company does not already hold the classification being added, please contact PSI for a prorated fee.

LP01 Wholesale sale or delivery of LP gas \$125
LP3S Retail sale of LP Gas \$65
LP04 Limited Installation & Repair (must hold MM02 or MM98) \$125
LP05 Installation, service & repair \$125
LP06 Installation, service & repair of mobile units only \$75
LP07 Wholesale or manufacture of appliances, equipment or containers \$60

LP08 Installation, service and repair of cylinder exchange cabinets \$35
LP09 Station for dispensing LP gas \$35
LP10 LP gas carburetion sales, service & installation, including repair \$35
LNG1 LNG carburetion sale, service & installation \$35
CNG1 Carburetion sale, service, and installation \$35

(Check one): ☐ MC ☐ VISA ☐ AMEX

Full Card No: _____ Expiration Date: _____

Card Verification No: _____

Billing Zip 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.

Cardholder Name (Print): _____ Signature: _____