

APPLICATION FOR MANUFACTURER LICENSE APPLICATION

FEE: Manufacturer I - \$500.00
Manufacturer II - \$400.00

PLEASE SUBMIT THE FOLLOWING:

- ☐ Copy of the current Registration Certificate issued within the last twelve months by the New Mexico Taxation & Revenue Department (TRD) in the exact name shown on the license application, per *NMSA 1978, § 60-14-9(C)(7)*. (You may find TRD online at <https://www.tax.newmexico.gov/businesses>.)
- ☐ **If A CORPORATION, LIMITED LIABILITY COMPANY, LIMITED PARTNERSHIP, OR LIMITED LIABILITY PARTNERSHIP:** Proof of registration with the New Mexico Secretary of State issued in the **exact name** shown on application. (Contact the Secretary of State at <https://www.sos.nm.gov/>.)
- ☐ Certificate of Qualifying Party form signed and notarized (form attached).
- ☐ A properly executed consumer protection bond in the minimum amount of \$50,000.00 for a Manufacturer I, for each location, and ten thousand dollars (\$10,000.00) for a Manufacturer II-Refurbisher. Each surety in the form of a cash consumer protection bond shall be underwritten by a corporate surety company authorized to conduct business in New Mexico and otherwise meeting all requirements of *NMSA 1978, § 60-14-6* and *14.12.4.11(A) NMAC*, (sample form may be used).
- ☐ Copy of manufacturer warranty, per *14.12.6.9 NMAC* (sample form may be used as a guide).
- ☐ One (1) copy of your Manufacturers Installation Manual.
- ☐ If you are an out-of-state corporate manufacturer, complete the attached affidavit (Consent to Service of Process).

NOTE: ANY CHANGES SHALL BE REPORTED IMMEDIATELY TO PSI.

Applications that are incomplete will not be processed.

Each manufacturing plant is required to submit a written report to the division of all new homes shipped into or within New Mexico per *14.12.2.9(C) NMAC*. The report must be filed by the fifteenth (15th) of the month following the shipment month. The report must contain the following information:

- a. New Mexico license number and name;
- b. the serial number and HUD label number assigned to the home;
- c. and the name of the retailer to whom the homes are delivered.



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MANUFACTURED HOUSING DIVISION



APPLICATION FOR MHD MANUFACTURER LICENSE - COMPANY INFO

DATE: _____

Applicant is doing business as a:

Sole Proprietor _____

Corporation _____

LLC _____

Partnership _____

LLP _____

LLLP _____

If partnership, the members of the partnership are:

Is this business located on federal land or
sovereign Indigenous territory? *Circle one.*

**Not
Applicable**

**Federal
Land**

**Sovereign
Indigenous
Territory**

Business Name: _____

Email Address: _____ Phone #: _____

Mailing Address: _____

Street Address

City *State* *Zip Code*

Physical Location: _____

Street Address

City *State* *Zip Code*

Authorized Rep. Name: _____

Authorized Rep. SSN: _____ Authorized Rep. DOB: _____

If you are a Subsidiary, please provide the parent company information below:

Parent Company Name: _____

Contact Number(s): Business: (____) ____ - ____ Home/Cell: (____) ____ - ____

Business Email: _____

Parent Mailing Address: _____

City *State* *Zip Code*

Parent Physical Address: _____

City *State* *Zip Code*



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COMPANY HISTORY

Please answer the following questions, marking the box to the LEFT of the answer.

To be completed by authorized representative. If yes to Questions 3-9, provide detailed documentation.

1. Are you familiar with the Manufactured Housing Act and its Regulations? ☐ YES ☐ NO
2. Have you previously been licensed in the State of New Mexico, or in any other state? ☐ YES ☐ NO

If yes, company name: _____

State: _____ Lic# _____ Date Issued: _____

Date Surrendered: _____ Reason: _____

- Is/was this a comparable license with the Construction Industries Division? (MM/GS/EE/etc.) ☐ YES ☐ NO
3. Do you have any unresolved complaints pending with MHD and/or CID? ☐ YES ☐ NO
 4. Do you have any outstanding fines with MHD and/or CID? ☐ YES ☐ NO
 5. Do you have any outstanding permit fees with any jurisdiction? ☐ YES ☐ NO
 6. Have you bid or performed any unlicensed work in the last 24 months? ☐ YES ☐ NO
 7. Have you worked outside the scope of your classification(s) in the last 24 months? ☐ YES ☐ NO
 8. Has your license or certificate ever been revoked in New Mexico, or any other state? ☐ YES ☐ NO
 9. Are there any judgments, liens, or suits, either pending or recorded, against applicant (either company or individual)? If yes, attach details on a separate page. Include: Case number and court; date suit/lien filed; resolution; date of judgment or recording of lien; and amount of liability (if any). ☐ YES ☐ NO
 10. Who has authority to resolve consumer complaints:

Name	Title	Phone No.
------	-------	-----------

AFFIRMATIONS AND SIGNATURE

I hereby state, acknowledge and affirm, **under penalty of perjury**, that:

I am the _____ (title) 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 stipulate, agree, understand, and acknowledge that I have reviewed the Manufactured Housing Act and its regulations. I understand my responsibilities and agree to abide by and comply with these laws.

I acknowledge that I am required to immediately notify PSI, in writing, of any material change in the status of the licensee or qualifying party (QP) (including change of QP, change of address or contact, change of licensee name or legal entity).

I understand that any false statement made herein or any failure to abide by the Manufactured Housing Act and its rules, or failure to notify PSI of changes in my status, may result in administrative action against this or any license or certification issued on the basis of this application, up to and including fines or revocation of the license or certificate affected by the statement, or both.

Applicant Signature: _____ Date: _____

Full Name (PRINT): _____

Notary

State of _____

County of _____

(Seal)

This record was acknowledged before me on _____.

(Date)

Signature of Notarial Officer

Commission Expiration Date



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CERTIFICATE OF QUALIFYING PARTY

NAME OF PERSON TO QUALIFY: _____

BUSINESS ADDRESS: _____

CITY & STATE: _____

NAME OF FIRM QUALIFYING FOR: _____

I do hereby certify that I am the Qualifying Party of the above-named applicant for a New Mexico Manufactured Housing Division license. That as such Qualifying Party, I will be a regular and bona fide (employee/proprietor/corporate officer/partner) for the above-named applicant and that I will have active and direct supervision and control of all operations necessary to secure full compliance with all provisions of the Manufactured Housing Act, *NMSA 1978, §§ 60-14-1 et seq.* and the Regulations adopted pursuant thereto by the Manufactured Housing Division.

I further certify that by signing below, I assume full responsibility for the compliance with provisions of the Manufactured Housing Act, *NMSA 1978, §§ 60-14-1 et seq.*, and the Regulations adopted pursuant thereto by the Manufactured Housing Division, and that if for any reason I become disassociated, or for any reason cease to be the Qualifying Party of the above applicant, I will within thirty (30) days notify PSI in writing.

I hereby certify under the penalty of perjury that the foregoing is true and correct and certify to the truth and accuracy of all supplementary statements, answers and representations attached hereto and made a part of this application.

NOTE: This certificate of qualification is not transferable to another person.

THIS FORM IS TO BE ATTACHED AND BECOME PART OF THE APPLICATION FOR LICENSE. NOTE: A SEPARATE FORM MUST BE USED FOR EACH QUALIFYING PARTY.

Applicant Signature: _____ Date: _____

Full Name (PRINT): _____

Notary

State of _____

County of _____

(Seal)

This record was acknowledged before me on _____.

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CHIEF EXECUTIVE OF OFFICE AFFIDAVIT

STATE OF: _____ COUNTY OF: _____

CONSENT TO SERVICE OF PROCESS

Pursuant to the licensing provisions of the Manufactured Housing Act of New Mexico, and the regulations of the New Mexico Manufactured Housing Division, the undersigned licensee does hereby waive service of process in connection with all claims, matters, or causes of action which may be filed or brought against it in the State of New Mexico for alleged violations of the Manufactured Housing Act or its regulations or consumer complaints in connection therewith and hereby **agrees to accept service** of any such complaint or cause of action by registered or certified mail to be addressed and delivered to the below-named **chief executive office of the corporation**.

The licensee does hereby further agree to appear and answer the complaint or cause of action within twenty (20) days from and after the date of receipt of service by certified or registered mail. If the licensee fails to appear and answer within that time, the licensee agrees that they shall be in default, and the licensee may not thereafter object to any order or judgment which may be entered against it, and the licensee **may not appeal the default order or judgment entered**. The licensee's consent shall continue in full force and effect until all claims, matters, or causes of action filed are resolved, or until two (2) years after the licensee has terminated business, whichever period is later.

OFFICER TO BE SERVED

Name: _____ Position: _____

Name of Licensee: _____

(Business Address)

(City, State)

(Zip Code)

The aforesaid officer, being duly sworn upon oath, deposes and says that they have read and signed the foregoing Affidavit, and that the matters and statements in the Affidavit are true and correct, and agreed. They further swear under oath that they have the authority to bind the principal.

Applicant Signature: _____

Full Name (PRINT): _____

Date: _____

Notary

State of _____

(Seal)

County of _____

This record was acknowledged before me on _____.

(Date)

Signature of Notarial Officer

Commission Expiration Date



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CONSUMER PROTECTION BOND OF

_____ BROKER

_____ MANUFACTURER

_____ INSTALLER/REPAIRMAN

_____ DEALER

_____ CID CROSSOVER CONTRACTOR

BOND NO.: _____

NOW THEREFORE KNOW, that we, _____, as Principal, and _____, a corporation organized under the laws of the state of _____, and authorized to transact the business of suretyship in the STATE OF NEW MEXICO, as Surety, are held and firmly bound unto the State of New Mexico Manufactured Housing Division, as Obligee, in the just and full sum of \$ _____, (_____ DOLLARS), for which sum, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assignees, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION is that, if it is determined in a proceeding before the Manufactured Housing Division or the Manufactured Housing Committee that Principal has violated a provision or provisions of the Manufactured Housing Act or the regulations thereunder pertaining to the _____ [sale, manufacture, etc.] of a manufactured home(s), or any of its obligations under its license, and that such violation has resulted in monetary loss to a consumer of a manufactured home, then Principal and their surety shall indemnify said consumer against this loss pursuant to the procedures set forth in *Section 14.12.4.15 NMAC*.

Surety may at any time cancel this bond by giving sixty (60) days prior written notice to the New Mexico Manufactured Housing Division of such cancellation, provided, however, that no such cancellation shall be effective unless the division has approved the cancellation by appropriate signature on the notice. Surety remains liable, however, for any defaults under this bond committed prior to the expiration of the sixty-day period. Consumer protection bonds or other security as approved by the division shall not be released by the division until all claims and complaints against the licensee have finally resolved or until two (2) years after the licensee ceased doing business in New Mexico, whichever period is later.

SIGNED, SEALED, AND DATED this _____ day of _____, 20_____.

PRINCIPAL

SURETY

Signed

Signed

Name, Position

Name, Attorney-In-Fact



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PAYMENT

Manufacturer I - \$500.00

Manufacturer II - \$400.00

Submit Application Packet and Payment to (by walk-in or mail):

PSI

**9550 San Mateo Blvd., NE, Suite F
Albuquerque, NM 87113**

(877) 663-9267 <https://public.psiexams.com>

Payments may be made by personal check, company check, money order,
cashier's check, or credit card (**NO CASH**)

ALL SUBMISSIONS MUST INCLUDE ORIGINAL DOCUMENTS.

YOU MAY NOT SUBMIT AN APPLICATION BY FAX OR EMAIL.

Check one: MC____ VISA____ AMEX____ DISC____

Full Card No. _____

Expiration Date: _____ **Card Verification No. (CVV):** _____ **Zip Code:**

Cardholder Name (Print) _____

Signature: _____

For your security, PSI requires you to enter the card verification number located on the credit card. The card verification number is usually located on the back of the card and consists of the last three digits on the signature strip.