



New Mexico Regulation and Licensing Department

MANUFACTURED HOUSING DIVISION

5500 San Antonio Dr., Albuquerque, New Mexico 87109 • (505) 365-3429

www.rld.state.nm.us/mhd

APPLICATION FOR INSTALLER LICENSE

FEE \$200.00

- MHD-1 shall permit the holder to level ground and place piers to support a manufactured home, to attach and tighten tiedowns, to connect existing water and sewer lines, to connect electrical cable to the home's approved existing receptacle, to install and repair skirting, and to install concrete associated with footings or foundations.
- MHD-2 Shall permit the holder to perform all functions of an MHD-1 and to make structural repairs, alterations and modifications.
- MHD-3 Shall permit the holder to perform all functions of an MHD-2 and to service and repair natural gas piping and appliances, change and adjust orifices in a unit prior to connection to L.P. gas and to service and repair plumbing and electrical systems.

The scope of an MHD-3 Y licensee shall be extended to install gas yardlines to manufactured homes upon acquiring an appropriate endorsement from the division.

The scope of an MHD-3 E licensee shall be extended to install feeder assemblies from the on-site utility terminal to the manufactured home not to exceed 30 feet. The provisions for obtaining a separate electrical endorsement shall include a minimum of two years in the last 10 years of verifiable experience performing electrical work on manufactured homes or related equipment.



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MHD-1_____MHD-2_____MHD-3_____

PLEASE SUBMIT THE FOLLOWING:

1. Copy of New Mexico Taxation & Revenue Department Registration and current tax identification no. _____
2. Any business applying as a corporation, limited liability company, limited partnership, limited liability partnership or general partnership must submit a certified copy of the articles of incorporation, articles of organization, certificate of registration, or statement of qualification at the time the application is filed with the division. This is obtained from the NM Secretary of State.
3. Certificate of Qualifying Party form, signed and notarized (form attached).
4. Financial statement signed and notarized (sample form may be used as a guide).
5. A properly executed consumer protection bond in the amount of \$10,000.00 underwritten by a corporate surety company authorized to conduct business in New Mexico and otherwise meeting all requirements of Section 60-14-6 N.M.S.A. 1983 Comp. (sample form may be used).
6. Copy of installer/repairman warranty, per Section 14.12.6.11 NMAC of the Regulations (sample form may be used as a guide).
7. Three reference letters (1. from a financial institution; 2. individual or firm for whom the Applicant has worked AND; 3. character reference).
8. If you are an out-of-state corporate installer, complete the attached affidavit (consent to Service of Process).
9. Statement of Authorization and Release Information Form (attached).
10. Copy of exam scores from PSI.
11. Work experience Verification form (form attached).

NOTE: ANY CHANGES SHALL BE REPORTED IMMEDIATELY TO THE DIVISION.

I HEREBY CERTIFY that this application contains no willful misrepresentation and the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, that my application will be rejected. If already licensed at time of such investigation and disclosure, my license is subject to suspension or revocation for such misrepresentation of falsification.

SIGNED: _____

DATE: _____

CAUTION: You may not engage, or perform, as a Manufactured Housing Installer until your license has been issued.



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**APPLICATION FOR INSTALLER LICENSE APPLICATION
 FEE \$200.00**

DATE: _____

APPLICANT DOING BUSINESS AS A:

SOLE OWNER _____ PARTNERSHIP _____ CORPORATION _____ SUBSIDIARY _____

Is this retail sales location on Indian or federal land? _____

BUSINESS NAME: _____

Social Security No.: _____ - _____ - _____ Date of Birth: ____/____/____

Email Address: _____

Location of Business: _____
 Street Number & Name City & State Zip Code

Mailing Address: _____
 Street Number & Name City & State Zip Code

If partnership, the members of the partnership are: _____

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

Parent Company Name: _____

Parent Company Contact Number: _____ - _____ - _____

Email Address: _____

Parent company principal address: _____
 Street Number & Name City & State Zip Code

Parent Company Location of Business: _____
 Street Number & Name City & State Zip Code

Parent Company Mailing Address: _____
 Street Number & Name City & State Zip Code

Please provide a copy of the Articles of Incorporation with the application

Note: Incomplete Application will be returned



APPLICATION FOR INSTALLER LICENSE APPLICATION

Please answer the following questions:

1. Are you familiar with the Manufactured Housing Act and the Regulations?
 YES _____ NO _____

2. Have you previously been licensed in the State of New Mexico or in any other state?
 YES _____ NO _____
 If yes, give name: _____
 License No.: _____ Date of Licensing: _____
 Date License surrendered: _____
 Reason: _____

3. How long have you maintained an office or residence in the State of New Mexico? _____
 Address: _____

4. Have you held, or now hold, a comparable license with the Construction Industries Division? (MM-MS-EE-GS)? _____
 If yes, give name: _____
 License No.: _____ Date of Licensure: _____
 Date License surrendered: _____ Reason: _____

5. Are there any judgments, liens, or suits pending or recorded against applicant?
 YES _____ NO _____
 ❖ If yes, attach details: including date of suit or lien filed, date of judgment or recording of lien; amount of liability, if any.

6. Name and title of person with authority to resolve consumer complaints: _____

7. Do you have any unresolved complaints pending with MHD and/or CID? NO _____ YES _____

8. Have you bid or performed any unlicensed work in the last 12 months? NO _____ YES _____

9. Has applicant ever been convicted of any offenses in this State, or any other State, other than traffic violations? YES _____ NO _____
 If yes, state offense and date of conviction: _____

10. If applicable, is the applicant current with child support payments in New Mexico or any other State? YES _____ NO _____
 If no, explain: _____



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CERTIFICATE OF QUALIFYING PARTY

NAME OF PERSON TO QUALIFY: _____

BUSINESS ADDRESS: _____

CITY & STATE: _____

NAME OF FIRM QUALIFYING FOR: _____

_____ Manufacturer

_____ Installer (MHD-1)

_____ Repairman (MHD-2)

_____ Installer/Repairman (MHD-3)

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 Act, being Sections 60-14-1 et. Seq., NMSA, 1983 Comp., 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 Section 60-14-1, et seq., NMSA, 1983 Comp., 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 the office of the Manufactured Housing Division 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. A separate form must be used for each Qualifying Party.

APPLICANTS SIGNATURE: _____

STATE OF _____ COUNTY OF _____

_____ first being duly sworn upon oath and deposes and says that he has/they have read and signed the foregoing Certificate and that the matters and things stated in said Certificate are true and correct.

Sworn to and subscribed before me, the undersigned authority, on this ____ day of ____ 20____.

My Commission Expires: _____

Signature of Notary: _____



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CHIEF EXECUTIVE OF OFFICE AFFIDAVIT

STATE OF _____ x

COUNTY OF _____ x

CONSENT TO SERVICE OF PROCESS

Pursuant to the licensing provisions of the Manufactured Housing Act of New Mexico and the regulations of the Manufactured Housing Division, the undersigned licensee does hereby waive the usual 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 consumer complaints in connection therewith and does hereby agree to accept service of any such complaint or cause of action by registered or certified mail to be addressed and delivered to the herein below named **chief executive office of the corporation**. Said licensed does hereby further agree to appear and answer any such complaint or cause of action within twenty (20) days from and after the date of actual receipt of service by certified or registered mail; if licensee fails to appear and answer within such time, the licensee shall be in default and the licensee may not thereafter object to any order or judgment which may be entered against it. Said 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 or whichever period is later.

The foregoing statement and agreements are made under oath and I certify and swear that such are true and correct.

OFFICER TO BE SERVED

(Name) (Title)

(Name of Licensee)

(Business Address) (City, State) (Zip)

Sworn to and subscribed before me, the undersigned authority, on this _____ day of _____, 20_____.

My Commission Expires: _____



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LIMITED POWER OF ATTORNEY

STATE OF _____ x

COUNTY OF _____ x

Know all men by these presents that I, the undersigned, of _____, City of _____ do hereby make, constitute, and appoint the New Mexico Manufactured Housing Division as my true and lawful attorney in fact for me and in my name for the limited and sole purpose hereinafter stated.

That upon certification by a regularly constituted quorum of the Manufactured Housing Division that the undersigned has been found to be in violation of the Manufactured Housing Act (Sections 60-14-6, et. seq., NMSA, 1983 Comp., as amended), or the Regulations adopted there under, that damages have been ascertained as a direct result of such violation(s), and that the determination of liability by the Manufactured Housing Division has become final, to draw upon monies deposited with an F.D.I.C Financial Institution

(Bank Name & Address)

Designated as (savings accounts/certificate of deposit number) _____ to a maximum amount of _____ as recompense for such damages.

BY:

(Title)

State of _____ x

County of _____ x

Sworn to and subscribed before me, the undersigned authority, on this _____ day of _____, 20_____.

My Commission Expires: _____



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APPLICATION FOR INSTALLER LICENSE

(Model letter to completed by the Bonding agency typed on their Letterhead)

CONSUMER PROTECTION BOND OF

DEALER

MANUFACTURER

X INSTALLER OR REPAIRMAN

BROKER

CID CROSSOVER CONTRACTOR

BOND NO.:

KNOW ALL MEN BY THESE PRESENTS, that we,

as Principal and the a corporation organized under the laws of, and authorized to transact the business of

surety ship in the STATE OF NEW MEXICO, as Surety, are held and firmly bound unto the State of New Mexico Manufactured Housing Division, as Oblige, 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 present.

THE CONDITION OF THIS OBLIGATION is that, if it is determined in a proceeding before the Manufactured Housing Division that Principal has violated a provision or provisions of the Manufactured Housing Act or Regulations there under pertaining to of manufactured homes, and that such violation has resulted in monetary loss to a consumer of a manufactured home, then Principal shall indemnify said consumer against this loss within thirty (30) days of said determination becoming final.

Surety may at any time cancel this bond by giving sixty (60) days written notice to the New Mexico Manufactured Housing Division. Surety remains liable, however, for any defaults under this bond committed prior to the expiration of the sixty-day period, for a period of two (2) years after said expiration period.

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

Principal

Surety



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(TYPED ON THEIR LETTERHEAD IF UNABLE TO MEET BODNING REQUIREMENTS)

Date: _____

State of New Mexico
Regulation & Licensing Department
Manufactured Housing Division
5500 San Antonio Drive
Albuquerque, NM 87109 (505) 222-9870

This is to certify that _____
(Company Name & Address)

has deposit with this institution _____

(in savings account number/certificate of deposit number) _____

in the amount of _____.

This is being held to meet the bonding requirements of the New Mexico Manufactured Housing Division pursuant to Section 60-14-6, et. seq., NMSA, 1983 Comp., as amended, and the Regulations adopted pursuant thereto by the Manufactured Housing Division.

It is hereby agreed:

- (1) that their deposit is neither assignable or transferable;
- (2) that the principle may not be withdrawn without the express written authorization of the Manufactured Housing Division;
- (3) that the interest accruing on said principle may be withdrawn upon the request and at the direction of the certificate of deposit owner; and
- (4) that the form of the deposit may be changed provided that the Manufactured Housing division is notified in writing, thirty (30) days prior to the proposed change.

Very truly yours,

Bank Office Title _____

State of _____ County of _____

Sworn to and subscribed before me, the undersigned authority, on this _____ day of _____, 20 _____.

My Commission Expires: _____



APPLICATION FOR INSTALLER LICENSE
STATEMENT OF AUTHORIZATION AND RELEASE OF INFORMATION

I, _____ was born on _____,
 (Full legal name) (mm/dd/yyyy)

whose home address _____ and telephone no. is _____,
 (Street, City, State & Zip)

and whose business address is _____ with the
 (Street, City, State & Zip)

telephone no. of _____, shown as the _____
 Title of Position (i.e. Owner, President, etc.)

on an "Application for license" as _____
 (Type of License Applying for)

in the name of _____
 (Complete name of license as shown on "Application for License")

with the State of New Mexico Office of Manufactured Housing Division, do hereby consent to having an inquiry made as to my moral character, professional reputation and fitness for said license.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records, and other information pertaining to me, to furnish to the State of New Mexico office of Manufactured Housing any such information, including documents, records, or information regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Office of the Manufactured Housing or any of their agents or representatives to inspect and make copies of such documents, records and other information.

I hereby release, discharge and exonerate the State of New Mexico Office of Manufactured Housing, their agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information of the inquiry made by the State of New Mexico Office of Manufactured Housing.

 Date

 Signature

 Printed Name

Sworn and subscribed before me, the undersigned authority, on this _____ day of _____,
 20_____.

My Commission expires: _____

Signature of Notary _____



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MANUFACTURED HOUSING DIVISION INSTALLER EXPERIENCE VERIFICATION

THIS WORK EXPERIENCE VERIFICATION MUST
BE SUBMITTED WITH AN APPLICATION

TYPE OR PRINT CLEARLY

INCOMPLETE OR ILLEGIBLE FORMS WILL NOT BE PROCESSED

PLEASE READ THE FOLLOWING INSTRUCTIONS PRIOR TO COMPLETING THE
ATTACHED WORK EXPERIENCE VERIFICATION. FOLLOWING INSTRUCTIONS
COMPLETELY WILL AVOID DELAYS IN PROCESSING APPLICATION

INSTRUCTIONS FOR THE APPLICANT

Only the top portion of the Affidavit is to be completed by the applicant. Complete ALL information requested.

For a description of the scope of work allowed under each classification, please refer to the Manufactured Housing Division Rules & Regulations 14.12.2.14

INSTRUCTIONS FOR EXPERIENCE VERIFICATION

Individuals who are qualified to complete the Affidavit are as follows:

Employers (past or present), Supervisors, Foreman, and other Contractors. Answer all the questions completely and fully. **DO NOT LEAVE ANY BLANKS**

Supervisors and foremen must submit proof/verification of their position within the company. Out of state Contractors must attach a copy of their current state license to the affidavit. If your experience is with a company from a state that does not require a license, you must submit proof/verification that the company is an active/valid company. (Tax certificate, business license listing the company name, corporation papers, etc.)

All experience must have been gained while employed by a contractor licensed in the trade being applied for, or considered legal work in the state in which the work was performed.

14.12.2.14E- "An applicant shall provide evidence of meeting at least one of the following minimum experience requirements:

- 1,800 hours of experience installing manufactured homes;
- 3,600 hours of experience in the construction of manufactured homes;
- 3,600 hours of experience as a building construction supervisor;
- 1,800 hours as an active manufactured home installation inspector;
- Completion of one year of a college program in construction - related field; or
- Any combination of experience or education from 1-5 above that totals 3,600 hours.

APPLICANT: Upon completion of the Affidavit, please deliver original (s) by mail or in person to: Manufactured Housing Division, 5500 San Antonio Dr. NE, Albuquerque, NM 87109



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MANUFACTURED HOUSING DIVISION INSTALLER EXPERIENCE VERIFICATION

Candidates Name:	
Address:	
SSN#	

CLASSIFICATION (S) APPLYING FOR PLEASE CHECK ALL THAT APPLY:

MHD 1 ___ MHD 2 ___ MHD 3 ___ MHD 3E ___ MHD 3Y ___ MHD 3 E-Y ___

REQUIRED EXPERIENCE

14.12.2.14 E- An applicant shall provide evidence of meeting at least one of the following minimum experience requirements:

ALL ATTACHMENTS MUST BE SIGNED AND NOTARIZED

Experience in installing manufactured Homes	TOTAL HOURS	
Experience in the construction of manufactured homes	TOTAL HOURS	
Experience as a building construction supervisor	TOTAL HOURS	
Experience as an active manufactured home installation inspector	TOTAL HOURS	
Completion of one year of a college program in construction related field	TOTAL HOURS	
Any combination of experience or education from 1-5 above that totals 3,600 hours.	TOTAL HOURS	
Candidates Name:	Date:	

All experience must have been gained while employed by a contractor licensed on the trade being applied for, or considered legal work in the state in which the work was performed. (The applicant cannot sign off on their own experience)

This work was performed from: _____ - _____ to _____ - _____
 Month Year Month Year

I held the following position while applicant was performing the work (Check One):

Employer ___ Contractor ___ Supervisor ___ Foreman ___ Other (Specify): _____

While applicant was employed by: _____

Company License Number: _____

** If your work experience is with a company from a state that does not require a license, you must submit proof/verification that the company is an active/valid company. (Tax certificate, business license listing the company name, corporation papers, etc.)*

Additional work experience information attached: Yes ___ No ___ (**attachment must be signed and notarized**)

Applicant's position while performing the work:

Employer ___ Contractor ___ Supervisor ___ Foreman ___ Other (Specify): _____

Do not leave any blanks!



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Do not leave any blanks!

Applications/work verifications that are incomplete or that do not have requested attachments will be rejected.

Person Certifying (Print): _____

In making this certification for _____ (candidate name), I, _____ (person certifying), have not relied on statements made to me by applicant or third parties, and swear under penalty of perjury that the information provided in this certification is true and correct to the best of my personal knowledge. I understand that my license may be subject to discipline if the information given and attested to by me herein to be intentionally misleading or fraudulent.

Signature: _____

License Number: _____ State: _____

Address: _____

Email Address: _____

Phone number: _____

Notary Public

Sworn and subscribed before me, the undersigned authority, on this _____ day of _____, 20_____. My Commission expires: _____

Signature of Notary _____



THIS SAMPLE CONTAINS THE MINIMUM REQUIREMENTS FOR AN INSTALLER OR REPAIRMAN WARRANTY AND IS TO BE USED ONLY AS A GUIDE.

(See Section 14.12.6.11 NMAC)

INSTALLER AND/OR REPAIRMAN 90-DAY WARRANTY

Installer's and/or Repairman's Company Name _____ License No. _____

Street Address _____ City _____ State _____ Zip Code _____

We have installed manufactured housing unit SERIAL NO. _____ and make the following warranties in connection with our work.

- (1) That all services performed have been performed in compliance with the Mobile Housing Act and all regulations of the Division, under Permit No. _____, Dated _____.
- (2) That all labor and materials furnished by us are free from defects.
- (3) We have installed or repaired the following appliances and equipment, and furnish you herewith manufacturer's warranties as follows:

- (4) Warranty of installation, including leveling, shall be in effect for ninety (90) days. The effective date of this warranty is: _____.
- (5) Upon notice of defects during the first ninety (90) days after installation or completion of repairs, we will correct them within a reasonable period of time.
- (6) If you have any warranty complaints, please notify us at:

Installer's and/or Repairman's Name _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone No. _____

SIGNATURE OF PURCHASER: _____
 (Acknowledging Receipt of Above Listed Warranties)

DATE: _____ ADDRESS: _____

LIABILITIES

ASSETS

CURRENT ASSETS (receivable in one year or less)

Cash in bank and/or on hand..... \$ _____

Amount due on completed portion of contracts..... \$ _____

Materials (cost)..... \$ _____

Receivables due (short term)..... \$ _____

Notes receivable

Itemize _____ \$ _____

_____ \$ _____

_____ \$ _____

Other Current Assets

Itemize _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Current Assets \$ _____

FIXED ASSETS

Equipment & Tools (depreciated value)..... \$ _____

Notes Receivable (long term)

Itemize _____ \$ _____

_____ \$ _____

_____ \$ _____

Real Estate & Building (depreciated value)..... \$ _____

Description _____

_____ \$ _____

_____ \$ _____

Other Assets

Itemize _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL FIXED ASSETS \$ _____

TOTAL CURRENT ASSETS \$ _____

TOTAL FIXED ASSETS \$ _____

TOTAL ASSETS \$ _____

CURRENT LIABILITIES (Payable within one year or less)

Accounts Payable

For Materials..... \$ _____

To Others..... \$ _____

Notes payable (short term)

To Banks..... \$ _____

For Equipment..... \$ _____

Unpaid Taxes & Interest..... \$ _____

Other Current Liabilities

Itemize _____ \$ _____

_____ \$ _____

_____ \$ _____

Total Current Liabilities \$ _____

FIXED LIABILITIES

Mortgages on Real Estate..... \$ _____

Long Term notes Payable

Itemize _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL FIXED LIABILITIES \$ _____

TOTAL CURRENT LIABILITIES \$ _____

TOTAL FIXED LIABILITIES \$ _____

TOTAL LIABILITIES \$ _____

NET WORKING CAPITAL (Difference between Current assets and current liabilities) \$ _____

NET WORTH (Difference between total (assets and total liabilities) \$ _____

Dollar amount of anticipated gross Balance for this year \$ _____

I, _____ do solemnly swear that all the statements on the application are true and correct.

Subscribed and sworn before me on this _____ day of _____, 20 _____. Company Official Signature: _____

Notary Public: _____ My commission expires: _____ Title: _____

Company Name: _____