



APPLICATION FOR REGISTRATION

This application is to be used for registration with the Property Tax Division, State Assessed Property Bureau. Please indicate the date you started business or expect to start business in New Mexico.

1. Firm Name		SAPB USE ONLY CAB ID Number: Date Issued: Assigned:
2. Person to Contact	Telephone Number	
Email Address:	Fax Number	
Principle Business Location (Street Address or general description of locations)		
City / State / Zip Code		
3. Date business activity started or is anticipate to start in New Mexico month day year		4. Type of Ownership (Check One) <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partner/Assoc. / Joint Venture
5. Owner's Name, Address (if Corporation, list three principle officers and addresses) 		
6. County where principal office in New Mexico is located:		
7. Mailing Address, if different from Business Location (Street / City / State / Zip Code)		8. Method of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
9. Location where records are maintained, if different from Business Location (Street / City / State / Zip Code)		
10. County or counties where personal property is located (if more than five counties, indicate "various"):		
11. Primary type of business in New Mexico <input type="checkbox"/> Railroad <input type="checkbox"/> Pipeline <input type="checkbox"/> Electrical Power <input type="checkbox"/> Multi-County Contractor <input type="checkbox"/> Class I <input type="checkbox"/> Natural Gas <input type="checkbox"/> Distribution <input type="checkbox"/> Construction NM Firm <input type="checkbox"/> Short Line <input type="checkbox"/> Oil Products <input type="checkbox"/> Generation <input type="checkbox"/> Drilling NM Firm <input type="checkbox"/> CO ₂ <input type="checkbox"/> REA <input type="checkbox"/> Construction Other State Firm <input type="checkbox"/> Communication Systems <input type="checkbox"/> Other _____ <input type="checkbox"/> Transmission <input type="checkbox"/> Drilling Other State Firm <input type="checkbox"/> Cable Providers <input type="checkbox"/> Cellular <input type="checkbox"/> Gas Utility <input type="checkbox"/> Mineral Producing Property <input type="checkbox"/> Microwave <input type="checkbox"/> Distribution <input type="checkbox"/> Cinder, Pumice & Scoria <input type="checkbox"/> Paging <input type="checkbox"/> Other _____ <input type="checkbox"/> Coal <input type="checkbox"/> Reseller <input type="checkbox"/> Potash <input type="checkbox"/> Telephone Provider of <input type="checkbox"/> Airline <input type="checkbox"/> Sand, Gravel & Caliche Service or Equipment <input type="checkbox"/> Passenger <input type="checkbox"/> Uranium <input type="checkbox"/> Telephone REA <input type="checkbox"/> Freight <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____		
12. Has taxpayer operated a business in New Mexico in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name and New Mexico CRS and CAB identification numbers: Company Name: _____ CRS ID #: _____ CAB ID #: _____		

I hereby affirm that the information reported in this form and any attached supplement is true and correct.
This application is to be signed by the owner of the property, a partner or an officer or authorized agent.

PRINT NAME

TITLE

SIGNATURE

DATE

MAIL TO:
Taxation and Revenue Department - Property Tax Division
State Assessed Property Bureau, P.O. Box 25126, Santa Fe, NM 87504-5126