

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. **PLEASE TYPE OR PRINT.**

<b>1. Firm Name</b>		<b>SAPB USE ONLY</b>  CAB ID Number:  Date Issued:  Assigned:					
<b>2. Person to Contact</b>	<b>3. Telephone Number</b>						
<b>4. Email Address:</b>	<b>5. Fax Number</b>						
<b>6. Principle Business Location Address (Street / City / State / Zip Code) (No P.O. Box)</b>							
<table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <b>3. Date business activity started or is anticipate to start in New Mexico</b>  <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 33%;">month</td> <td style="border: none; width: 33%;">day</td> <td style="border: none; width: 33%;">year</td> </tr> </table> </td> <td style="width: 50%; border: none; vertical-align: top;"> <b>4. Type of Ownership (Check One)</b>  <input type="checkbox"/> Proprietorship      <input type="checkbox"/> Partner/Assoc. / Joint Venture  <input type="checkbox"/> Corporation             </td> </tr> </table>			<b>3. Date business activity started or is anticipate to start in New Mexico</b> <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 33%;">month</td> <td style="border: none; width: 33%;">day</td> <td style="border: none; width: 33%;">year</td> </tr> </table>	month	day	year	<b>4. Type of Ownership (Check One)</b> <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partner/Assoc. / Joint Venture <input type="checkbox"/> Corporation
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month	day	year					
<b>5. Owner's Name, Address (if Corporation, list three principle officers and addresses)</b>							
<b>6. County where principal office in New Mexico is located:</b>							
<b>7. Mailing Address, if different from Business Location (Street / City / State / Zip Code)</b>	<b>8. Method of Accounting</b> <input type="checkbox"/> Cash <input type="checkbox"/> Accrual						
<b>9. Location where records are maintained, if different from Business Location (Street / City / State / Zip Code)</b>							
<b>10. County or counties where personal property is located (if more than five counties, indicate "various"):</b>							
<b>11. Primary type of business in New Mexico</b> <table style="width:100%; border: none;"> <tr> <td style="width: 25%; border: none; vertical-align: top;"> <input type="checkbox"/> Railroad  <input type="checkbox"/> Class I  <input type="checkbox"/> Short Line   <input type="checkbox"/> Communication Systems  <input type="checkbox"/> Cable Providers  <input type="checkbox"/> Cellular  <input type="checkbox"/> Microwave  <input type="checkbox"/> Paging  <input type="checkbox"/> Reseller  <input type="checkbox"/> Telephone Provider of Service or Equipment  <input type="checkbox"/> Telephone REA  <input type="checkbox"/> Other _____             </td> <td style="width: 25%; border: none; vertical-align: top;"> <input type="checkbox"/> Pipeline  <input type="checkbox"/> Natural Gas  <input type="checkbox"/> Oil Products  <input type="checkbox"/> CO<sub>2</sub>  <input type="checkbox"/> Other _____   <input type="checkbox"/> Gas Utility  <input type="checkbox"/> Distribution  <input type="checkbox"/> Other _____   <input type="checkbox"/> Airline  <input type="checkbox"/> Passenger  <input type="checkbox"/> Freight             </td> <td style="width: 25%; border: none; vertical-align: top;"> <input type="checkbox"/> Electrical Power  <input type="checkbox"/> Distribution  <input type="checkbox"/> Generation  <input type="checkbox"/> REA  <input type="checkbox"/> Transmission   <input type="checkbox"/> Mineral Producing Property  <input type="checkbox"/> Cinder, Pumice &amp; Scoria  <input type="checkbox"/> Coal  <input type="checkbox"/> Potash  <input type="checkbox"/> Sand, Gravel &amp; Caliche  <input type="checkbox"/> Uranium  <input type="checkbox"/> Other _____             </td> <td style="width: 25%; border: none; vertical-align: top;"> <input type="checkbox"/> Multi-County Contractor  <input type="checkbox"/> Construction NM Firm  <input type="checkbox"/> Drilling NM Firm  <input type="checkbox"/> Construction Other State Firm  <input type="checkbox"/> Drilling Other State Firm             </td> </tr> </table>			<input type="checkbox"/> Railroad <input type="checkbox"/> Class I <input type="checkbox"/> Short Line  <input type="checkbox"/> Communication Systems <input type="checkbox"/> Cable Providers <input type="checkbox"/> Cellular <input type="checkbox"/> Microwave <input type="checkbox"/> Paging <input type="checkbox"/> Reseller <input type="checkbox"/> Telephone Provider of Service or Equipment <input type="checkbox"/> Telephone REA <input type="checkbox"/> Other _____	<input type="checkbox"/> Pipeline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil Products <input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> Other _____  <input type="checkbox"/> Gas Utility <input type="checkbox"/> Distribution <input type="checkbox"/> Other _____  <input type="checkbox"/> Airline <input type="checkbox"/> Passenger <input type="checkbox"/> Freight	<input type="checkbox"/> Electrical Power <input type="checkbox"/> Distribution <input type="checkbox"/> Generation <input type="checkbox"/> REA <input type="checkbox"/> Transmission  <input type="checkbox"/> Mineral Producing Property <input type="checkbox"/> Cinder, Pumice & Scoria <input type="checkbox"/> Coal <input type="checkbox"/> Potash <input type="checkbox"/> Sand, Gravel & Caliche <input type="checkbox"/> Uranium <input type="checkbox"/> Other _____	<input type="checkbox"/> Multi-County Contractor <input type="checkbox"/> Construction NM Firm <input type="checkbox"/> Drilling NM Firm <input type="checkbox"/> Construction Other State Firm <input type="checkbox"/> Drilling Other State Firm	
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<b>12. Has taxpayer operated a business in New Mexico in the past?</b> <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