

**SELF SERVICE STORAGE  
AUTHORIZED EMPLOYEES AND REPRESENTATIVES**

**COMPLETED FORM MUST BE EMAILED TO [agents.licensing@state.nm.us](mailto:agents.licensing@state.nm.us)**

**This form must be filed by the owner or the supervising entity of the self-service storage facility. Submit the completed form and attachments via email with "SELF SERVICE STORAGE FILING" in the subject line.**

<b><u>Self Service Facility Owner (Business Entity Name)</u></b>	<b><u>FEIN</u></b>
<b><u>Business Address</u></b>	
<b><u>Phone Number</u></b>	<b><u>Email Address</u></b>
<b><u>Mailing Address</u></b>	

<b>Facility</b>	<b>Location</b>	<b>Supervising Entity</b>	<b>Employee/Representative</b>	<b>Employee ID</b>

- At the time of filing a self-service storage insurance producer license application, the applicant must establish a list of the names of all employees and authorized representatives whose duties may include offering and selling self-service storage insurance.
- The list must be: 1) maintained by the licensee in a form prescribed by the superintendent; 2) updated annually; and 3) retained by the self-service storage facility for three years and made available to the superintendent for review and inspection upon request.

<b><u>Signature of self-service storage facility owner or supervising entity</u></b>	<b><u>Date</u></b>
<b><u>Printed name of self-service storage facility owner or supervising entity</u></b>	<b><u>Title</u></b>