

ARTIFICIAL LIGHT 14 DAY PERMIT APPLICATION



NEW MEXICO DEPARTMENT OF GAME & FISH
 LE FIELD OPERATIONS DIVISION
 SPECIAL USE PERMITS PROGRAM
 ONE WILDLIFE WAY
 SANTA FE, NM 87507
 Email: [DGF.Permits@dgf.nm.gov](mailto: DGF.Permits@dgf.nm.gov)

Permit Fee \$15.00
 14 day, onetime use

FOR DEPT. USE ONLY
 Check # _____
 Amount \$ _____
 Date ____/____/____
 Initials _____

Application and all required materials must be received by the Department of Game & Fish at least five working days prior to the requested activities. Applicant must be at least 21 years of age and cannot have a history of violation of any federal or state hunting laws, any felony, no matter when the felony was committed and any convictions as an accessory for the described crimes.

NAME: _____ **EMAIL:** _____
BUSINESS NAME: _____ **WEBSITE:** _____
ADDRESS: (mailing) _____ (physical) _____
CITY, STATE, ZIP: _____
PHONE NO. (home) _____ (cell) _____

Dates of proposed activities (MM/DD/YY) _____ **through** _____

*A permit shall be valid for a maximum of 14 consecutive days. Permits may be extended only once and extensions are limited to 30 days. Extensions must be based on emergency or exigent circumstances and must be approved by the Director.

Location of activities: (*direction to property and approximate distance from nearest city or town*) _____

Purpose for activity: _____

Species Requested to be taken using Artificial Light	Number Requested to be taken	Number Requested by landowner	Number Approved (Dept. Use)

Please see attached documents: Landowners Consent Form & Authorization for Release of Information (background check).

I understand these activities are authorized only on the specified dates and location(s) and they must be accompanied with written permission from the landowner, alongside a Department issued permit. I have also read and shall comply with New Mexico's rules and regulations governing the use of artificial light. I attest that I do not have a history of violation of any related federal or state hunting laws or regulations.

 Signature of Applicant

 Date

**LANDOWNER'S CONSENT AUTHORIZATION
FOR THE USE OF A 14 DAY ARTIFICIAL LIGHT PERMIT**



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NAME: _____ **EMAIL:** _____
BUSINESS NAME: _____ **WEBSITE:** _____
ADDRESS: (mailing) _____ (physical) _____
CITY, STATE, ZIP: _____
PHONE NO. (home) _____ (cell/work) _____

I am the landowner of the tract or tracts of land in _____ County, NM. Containing _____ acres, more or less, located (property location, approximate distance from nearest city or town) _____

I hereby give consent to _____ to shine artificial light while being in possession of a Firearm on my property, contingent upon the Department's rules and regulations and under the use of a proper permit.
Applicant's name

Purpose for activity _____

Species to be taken (quantity& type) _____

This consent shall be valid for the 14 consecutive day permit unless I, _____, officially withdraw my permission for the use of artificial light as defined in §17-2-31 NMSA 1978 and 19.30.13 NMAC on my property. At this time, I understand it is required of me to submit in writing a statement of official renunciation to the New Mexico Department of Game and Fish making the permit null and void.
Landowners name

Landowner's Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
NAME (MUST BE PRINTED-LEGIBLY) SSN DOB

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

New Mexico Department of Game and Fish
AGENCY NAME (MUST BE PRINTED) (IF NO AGENCY, PRINT "SELF")

ADDRESS: One Wildlife Way, Santa Fe, NM 87504

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND/OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME. MY HEIRS, ASSIGNS, ASSOCIATES PERSONAL REPRESENTATIVE OR REPRESENTIES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION". MY REQUEST CONTAINED HEREIN FOR THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

APPLICANTS SIGNATURE: _____ DATE: _____

(*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED IN YOUR PRESENCE AND NAME, DOB, SSN INFO IS VERIFIED WITH A VALID IDENTIFICATION CARD)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____

(SEAL)

(NOTARY SIGNATURE)

MY COMMISSION EXPIRES: _____