



New Mexico Department of Game and Fish

Conserving New Mexico's Wildlife for Future Generations

www.wildlife.state.nm.us • 1 Wildlife Way, Santa Fe, NM 87507

MOBILITY IMPAIRED CERTIFICATION APPLICATION

NMDGF Use Only
Card exp. _____
Verified by _____

PROVISIONS AND PROCEDURES FOR CERTIFICATION:

The New Mexico Department of Game and Fish (NMDGF), in accordance with Title 19 NMAC, may provide mobility impaired hunting opportunities for pronghorn, deer, elk and oryx to disabled individuals who are certified as meeting at least one of the following criteria:

1. permanent restriction to a wheelchair, walker or crutches; or 2. one or more permanent conditions or disabilities which substantially limit the individual's ability to walk. Mobility Impaired Certification **expires 48 months (4 Years) from date of processing**, and **MUST** be renewed. Applicants first must register for a Customer Identification Number (CIN) at www.wildlife.state.nm.us. Follow instructions at bottom of form to submit this application.

Part 1: Applicant Information

First Name: _____ Last Name: _____ M.I.: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone (with area code): _____ Cell: _____

Last 4 digits of SSN: _____ Customer Identification Number or Birth Date: _____

M F Height: _____ ft. _____ in. Weight _____ lbs. Hair Color _____ Eye Color _____

I attest the above information is true and correct and I have a qualifying permanent impairment(s) and am eligible for Mobility Impaired Certification.

Signature Date

Part 2: Physician Statement

I certify that the applicant has the following permanent mobility restriction(s) as described below. (please check one or both)

- 1. Permanently restricted to the use of wheelchair, walker or crutches
- 2. One or more permanent conditions of disabilities which substantially limit the individual's ability to walk

Describe disabilities for each case: _____

Signature of certifying physician Date

First Name: _____ Last Name: _____ M.I.: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Office Phone (with area code): _____

Medical License, Permit or Board Certification Number State Issued Exp. Date

Completed mobility impaired application forms should be mailed to:

Mail to: NMDGF Special Hunts or Fax: 505-476-8180 or Email: special.hunts@dgf.nm.gov
1 Wildlife Way
Santa Fe, NM 87507

For questions or assistance regarding mobility impaired application please call 888-248-6866