

IMPORTATION PERMIT APPLICATION
Exhibition - Temporary 30 Days



NEW MEXICO DEPARTMENT OF GAME & FISH
 FIELD OPERATIONS DIVISION
 SPECIAL USE PERMITS PROGRAM
 P.O. BOX 25112
 SANTA FE, NM 87504
 505-476-8064 / Fax 505-476-8133
 Email: DGF.Permits@state.nm.us

Application Fee:.....\$20.00
 Importation of non-domesticated animal(s),
 fee valid per application, one time use only.

FOR DEPT. USE ONLY
 Check # _____
 Amount \$ _____
 Date ____/____/____
 Initials _____
 Confinement Plan
 City/County Letter
 Health Certificate

Please read entire application first. Submit this application along with appropriate fee to the above address. Application must be submitted at least two (2) weeks prior to proposed importation date. Missing documentation may substantially delay the application process. Importation approval is not guaranteed. A valid permit must be issued before lawful entry into the State of New Mexico.

APPLICANTS NAME		EMAIL	
BUSINESS NAME		WEBSITE	
ADDRESS (mailing)		ADDRESS (physical)	
CITY, STATE, ZIP			
TELEPHONE (Cell)		(Office)	

Requested date of entry into the State of New Mexico: _____

Date of departure from the State of New Mexico: _____

SPECIES REQUESTED TO BE IMPORTED			QUANTITY Note (S or N) Spayed or Neutered	
*Group	Common Name	Specify Scientific Name (family, genus, species, sub sp.)	Males	Females

*Group- refers to restrictiveness on the importation species list

For additional animals, attach or email the list

SUPPLIER INFORMATION		Health Certificate or License
SUPPLIERS NAME		One or more of the following is mandatory prior to entry (attach copies to application).
BUSINESS NAME		Health Certificate from an Accredited Veterinarian
ADDRESS		Rearing Facility Inspection certificate of health from an Accredited Veterinarian
CITY, ST, ZIP		USDA APHIS Class A, B or C License
PHONE / FAX		Federal USFWS Permit
EMAIL / WEBSITE		Other Licenses held (in-state/out-of-state)
LICENSE TYPE/No.		Local City/County Pet License

Health Certificates are only valid for 30 days or less, you need to coordinate date of entry with veterinarian appointment.

Attach proof from the pertinent City and/or County Please contact the local City and County Animal Control or Regulatory Division for a letter of written permission stating their recognition regarding ordinances conflicting with your destination and purpose.

	COUNTY	CITY
AGENCY NAME		
CONTACT PERSON		
TITLE		
ADDRESS		
CITY, ST, ZIP		
TELEPHONE		
EMAIL		

ON-SITE EMERGENCY CONTACT INFORMATION	
NAME	
ADDRESS	
CITY, ST, ZIP	
CELL PHONE	
EMAIL	

DESTINATION AND PURPOSE FOR IMPORTATION

CONTAINMENT AND CONFINEMENT PLAN (Attach photographs, illustrations & supporting documents)

FOR EACH CONFINEMENT AREA (CAGE/PEN) SUPPLY THE FOLLOWING DESCRIPTIONS	
SIZE (length, width, height)	
MATERIALS USED	
ENTRANCE (gate, door, lock)	
ROOF MATERIAL	
SHELTER/SHADE	
WATER SOURCE	

By signing a signature below, applicants agree to notify the New Mexico Department of Game and Fish of any changes from the original application for the animal granted an importation permit (death, illness, vicious behavior, change of location, change of contact person etc.). Applicants understand that if any animal show signs of an infectious or contagious disease, it will be quarantined and the New Mexico Department of Game & Fish will be notified immediately, animals may be destroyed as deemed necessary by the department or authorized agents acting on behalf of the department.

Signature of Applicant

Date