## **IMPORTATION PERMIT APPLICATION**

Exhibition - Temporary 30 Days



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

| 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    |  |
| CITY, STATE, ZIP  | (physical) |  |
| TELEPHONE (Cell)  | (Office)   |  |

Requested date of entry into the State of New Mexico:

Date of departure from the State of New Mexico:

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

| SPECIES REQUESTED TO BE IMPORTED |             | QUANTITY<br>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 INFO    | RMATION Health Certificate or License   One or more of the following is mandatory prior to |
|------------------|--|
| SUPPLIERS NAME   | entry (attach copies to application).  |
| BUSINESS NAME    | Health Certificate from an Accredited Veterinarian   |
| ADDRESS          | Rearing Facility Inspection certificate of health<br>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)  |  |
| <b>ROOF MATERIAL</b>         |  |
| 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