

WILDLIFE REHABILITATION APPLICATION



NO FEE REQUIRED

NEW MEXICO DEPARTMENT OF GAME & FISH
 LE FIELD OPERATIONS DIVISION
 SPECIAL USE PERMITS PROGRAM
 ONE WILDLIFE WAY
 SANTA FE, NM87507
 Email: DGF.Permits@dgf.nm.gov

FOR DEPT. USE ONLY
 Date _____/_____/_____
 Initials _____
 Exam
 Facility Inspection
 Equipment Inspection

This application will not be considered unless it is complete and notarized. Applicants will be required to pass the Wildlife Rehabilitation test prior to issuance of permit.

NAME		EMAIL	
BUSINESS NAME		WEBSITE	
ADDRESS (mailing)		ADDRESS	
CITY, STATE, ZIP		(physical)	
TELEPHONE (Cell)		(Home)	
DATE OF BIRTH		FAX	

WILDLIFE REHABILITATION EXPERIENCE	
SPECIES (i.e. birds, mammals, raptors or reptiles, does not include endangered or threatened species during first year).	
EXPERIENCE AND WILDLIFE REHABILITATION TRAINING Pertinent information (education, resume, volunteer, etc.)	
REFERENCES	
Provide two references qualified to attest to your experience, they must be state or federally permitted wildlife rehabilitators	
List other state and federal permits held by you relating to wildlife	
List organizations in which you belong to related to the biological or educational use of wildlife	
Networking arrangements for veterinarian support, provide vet contact information.	
Have you ever been pardoned, entered into a pre-prosecution diversion program, received a suspended or deferred sentence or conviction for any animal crime? (circle one) No or Yes, please explain	

