WILDLIFE REHABILITATION APPLICATION



NO FEE REQUIRED

NAME

BUSINESS NAME

ADDRESS (mailing)

CITY, STATE, ZIP
TELEPHONE (Cell)

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.

EMAIL

WEBSITE

ADDRESS (physical)

(Home)

DATE OF BIRTH			FAX			
WILDLIFE REHABILITATION EXPERIENCE						
SPECIES (i.e. birds, mamn not include endangered or threater	nals, raptors or reptiles, does ned species during first year).					
EXPERIENCE AND VINE REHABILITATION TO Pertinent information (education,	ΓRAINING					
REFERENCES						
Provide two references your experience, they m federally permitted wild	nust be state or					
List other state and fede you relating to wildlife	eral permits held by					
List organizations in where related to the biological of wildlife						
Networking arrangement support, provide vet con						
Have you ever been pardoned prosecution diversion prograr or deferred sentence or convic crime? (circle one) No o	m, received a suspended ction for any animal					

FACILITY					
FACILITY LOCATION					
DESCRIBE EXISTING OR PLANNED INDOOR AND OUTDOOR FACILITIES					
CONSTRUCTION MATERIALS USED					
SHELTER & SHADE MATERIALS Demonstrate the adequacy of these facilities for protecting captive wildlife from injury, summer sun, severe weather, disease, predators, and excessive human disturbance					
LIST EQUIPMENT AVAILABLE					
Attach a sketch of facilities drawn to scale, inc	licating dimensions. Upon completion of construction provide photographs.				
Signature of applicant	OREGOING STATEMENTS ARE TRUE AND CORRECT. Date				
	SWORN AFFIDAVIT				
STATE OF					
COUNTY OF)ss:)				
BEFORE ME, the undersigned authority, on the who after having by me duly sworn, deposed ar	s day personally appearedd said:				
I,rehabilitating and releasing such species back in	, desire to handle the wildlife species indicated above for the sole purpose of the wild and declare that the above statements made by me are true and correct.				
SUBSCRIBED AND SWORN BEFORE ME t	is, 20				
S E	Notary Public				
A L	My Commission Expires:				