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			

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, indicating dimensions. Upon completion of construction provide photographs.		
I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.		

Signature of applicant	Date
	SWORN AFFIDAVIT
STATE OF	
COUNTY OF)ss:)
BEFORE ME, the undersigned authority, of who after having by me duly sworn, depos	this day personally appeared
I,	, desire to handle the wildlife species indicated above for the sole purpose of k into the wild and declare that the above statements made by me are true and correct.
SUBSCRIBED AND SWORN BEFORE	E this, 20,
S E A L	Notary Public My Commission Expires: