

**IMPORTATION PERMIT APPLICATION  
ZOO / SCIENTIFIC / EDUCATION**



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

**Application Fee Structure:**

Importation of non-domesticated animals per calendar year (1/1 to 12/31)  
Class 1: 1 to 5 animals.....\$25.00  
Class 2: 6 to 99 animals.....\$75.00  
Class 3: greater than 100 animals...\$300.00  
Other: per application, one time use...\$20.00

**FOR DEPT. USE ONLY**

Check # \_\_\_\_\_  
Amount \$ \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Initials \_\_\_\_\_  
 Health Certificate or  
 AZA accredited

Application must be submitted at least two (2) weeks prior to proposed importation. 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.

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

**Requested date of entry into the State of New Mexico:** \_\_\_\_\_

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

\*Group- refers to restrictiveness on the importation species list

For additional animals, attach or email the list

SUPPLIER INFORMATION		Health Certificate or License Type
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		AZA or Rearing Facility Inspection certificate of health from an accredited veterinarian
City, ST, Zip		USDA Class A, B or C Licenses
Telephone / Fax		USFWS Federal Permits
Email / Website		Other Licenses held (in-state/out-of-state)
License Type/No.		National Poultry Improvement Plan # (NPIP)

By signing below, applicants understand that if any animal show signs of an infectious or contagious disease, it will be quarantined and the animals may be destroyed as deemed necessary by authorized agents of the Zoo, NMDGF or USFWS.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date