

# CLASS "A" LAKE PERMIT APPLICATION



FOR DEPT. USE ONLY
Check # _____
Amount _____
Date ____/____/____
Initials _____

NEW MEXICO DEPARTMENT OF GAME & FISH  
 LAW ENFORCEMENT DIVISION  
 SPECIAL USE PERMITS PROGRAM  
 P.O. BOX 25112  
 SANTA FE, NEW MEXICO 87504  
 (505) 476-8064 / Fax (505) 476-8133

License Year 20\_\_\_\_ / 20\_\_\_\_  
 License Fee \$101.00/ year (April 1 - March 31)  
 Additional Lake Fee \$26.00 each  
 Additional Lake(s) \_\_\_\_\_ X \$26.00 = \$ \_\_\_\_\_

**NAME:** \_\_\_\_\_ **EMAIL** \_\_\_\_\_  
**BUSINESS NAME:** \_\_\_\_\_ **WEBSITE** \_\_\_\_\_  
**ADDRESS:** (mailing) \_\_\_\_\_ (physical) \_\_\_\_\_  
**CITY, STATE, ZIP:** \_\_\_\_\_  
**TELEPHONE NO.** \_\_\_\_\_ **FAX:** \_\_\_\_\_

LOCATION OF LAKE(S) (nearest town or settlement) \_\_\_\_\_

\*Include a sufficient size **map** of proposed lake(s) to be located by the department.

(COUNTY) \_\_\_\_\_ (SECTION) \_\_\_\_\_ (TOWNSHIP) \_\_\_\_\_ (RANGE) \_\_\_\_\_

A series of lakes in close proximity to each other may be considered under one license.

If more than one pond or lake, indicate whether they are all on one property \_\_\_\_\_ or on separate properties \_\_\_\_\_.

If more than one property is involved, are the properties separated by land **not** owned or leased by the applicant? \_\_\_\_\_

\_\_\_\_\_ If yes, each additional pond or lake must be covered by a \$26.00 additional lake license.

Name of Lake or Pond	Size (area)	Maximum Depth	Acre Feet of Water Impounded	Source of Water	*Water Filing Number & Date

\*If water filing is not recorded with State Engineer, applicant certifies that he/she is aware of the provisions of Section 17-4-11 NMSA 1978 Compilation, please contact the number above for further information regarding Class A Lakes.

If any of the above ponds or lakes is fed from or empties into public streams, how is ingress and egress of fish prevented? \_\_\_\_\_

Number, kind and size of fish currently on hand \_\_\_\_\_

Number, kind and size of fish to be purchased & stocked \_\_\_\_\_

Suppliers Name & Address \_\_\_\_\_

How to be disposed of (marketed or by selling fishing privileges) \_\_\_\_\_

**I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

All applications will be reviewed by department personal: District Officer, Area Fish Manager, Area Supervisor and Fisheries Division Chief. If the applicant does not provide necessary documentation and/or coordinate with the department, the application process may be delayed.