

CLASS "A" PARK 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 (April 1 - March 31)
 License Fee \$501.00/year

Prior to submitting application, contact the Special Use Permits Manager to discuss the application process.

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

NAME OF PARK OR ENCLOSURE _____
 NAME OF OWNER/LESSEE _____
 LOCATION OF PARK (nearest town or settlement) _____
 (COUNTY) _____ (SECTION) _____ (TOWNSHIP) _____ (RANGE) _____
 BOUNDARY DESCRIPTION (attach plat) _____

 SIZE OF ENCLOSURE _____ (acres) IS TOTAL ACREAGE PRIVATELY OWNED Yes No

***ATTACH PLAT GIVING THE DIMENSIONS OF THE PROPOSED CLASS "A" PARK. PROOF OF OWNERSHIP OR LEASE OF PRIVATE LAND MUST ALSO BE SUBMITTED. (NOTE: Class "A" Park licenses issued for private land only.)**

GAME TO BE OBTAINED FOR THE PARK		
SPECIES	QUANTITY	SUPPLIERS NAME & ADDRESS*

*Any proposed game from out-of-state needs to qualify for an Importation Permit from the Dept. prior to entering the State of New Mexico.

WHAT IS YOUR PLAN FOR DISPOSING OF INTRODUCED STOCK OR OF NATURAL INCREASE OF NATIVE STOCK ? _____

I CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I HAVE CAREFULLY REVIEWED THE STATUTES AND REGULATIONS PERTAINING TO CLASS "A" PARKS AND I HEREBY AGREE TO ABIDE BY THEM.

 Signature of Applicant _____
Date

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