

# COMMERCIAL COLLECTING PERMIT APPLICATION

## Amphibians & Reptiles



NEW MEXICO DEPARTMENT OF GAME & FISH  
 FIELD OPERATIONS DIVISION  
 SPECIAL USE PERMITS PROGRAM  
 P.O. BOX 25112  
 SANTA FE, NM 87504  
 505-476-8070 / Fax 505-476-8133  
 Email: [DGF.Permits@state.nm.us](mailto:DGF.Permits@state.nm.us)

**Application Fee: \$50.00**  
 Payable to the Dept. of Game & Fish

**FOR DEPT. USE ONLY**  
 Check # \_\_\_\_\_  
 Amount \$ \_\_\_\_\_  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Initials \_\_\_\_\_  
 Annual report on file

**APPLICATION**                       **RENEWAL**                       **CANCELLATION**

**If renewing, complete the annual report on page 2 and provide the PERMIT #: \_\_\_\_\_**

|                          |  |                              |  |
|--------------------------|--|------------------------------|--|
| <b>NAME</b>              |  | <b>EMAIL</b>                 |  |
| <b>BUSINESS NAME</b>     |  | <b>WEBSITE</b>               |  |
| <b>ADDRESS</b> (mailing) |  | <b>ADDRESS</b><br>(physical) |  |
| <b>CITY, STATE, ZIP</b>  |  |                              |  |
| <b>TELEPHONE NO.</b>     |  | <b>FAX</b>                   |  |

**Please read entire application first.** If you are a resident or non-resident who is applying to collect amphibians and reptiles for commercial use, submit this form along with the fee. If renewing, include a completed annual report. Missing documentation or incomplete applications may substantially delay the process. Approval is not guaranteed. A valid permit must be issued before commercial collecting may occur in the State of New Mexico. Applicants must also possess an over-the-counter game license with appropriate stamps (§17-3-1 NMSA 1978) which can be purchased online, contact the department if you have questions.

| SPECIES REQUESTED TO BE COLLECTED   |   | QUANTITY<br>Estimate |         |                 |
|---|---|----------------------|---------|-----------------|
| Common Name   | Scientific Name (family, genus, species, sub sp.) | Males                | Females | Mix/<br>Unknown |
|   |   |                      |         |                 |
|   |   |                      |         |                 |
|   |   |                      |         |                 |
|   |   |                      |         |                 |
|   |   |                      |         |                 |
| <b>Intended Purpose</b><br>Please specify for each species requested what you plan to do with them. |   |                      |         |                 |
| <b>Collection Location</b><br>Please provide the county where you plan to collect each species.     |   |                      |         |                 |

ANNUAL REPORT - COMMERCIAL COLLECTING PERMIT NO. \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

| Capture   |          | Species         |             | Salvaged? | Age   | Sex<br>F/M | County | Nearest Town & Location Description | Disposition/Notes (sold, kept for breeding,<br>did not survive, etc. ) |
|---|----------|-----------------|-------------|-----------|-------|------------|--------|-------------------------------------|--|
| Date  | Quantity | Scientific Name | Common Name | Yes/No    |       |            |        |                                     |  |
|   |          |                 |             |           |       |            |        |                                     |  |
|   |          |                 |             |           |       |            |        |                                     |  |
|   |          |                 |             |           |       |            |        |                                     |  |
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|   |          |                 |             |           |       |            |        |                                     |  |
|   |          |                 |             |           |       |            |        |                                     |  |
|   |          |                 |             |           |       |            |        |                                     |  |
|   |          |                 |             |           |       |            |        |                                     |  |
|   |          |                 |             |           |       |            |        |                                     |  |
|   |          |                 |             |           |       |            |        |                                     |  |
|   |          |                 |             |           |       |            |        |                                     |  |
|   |          |                 |             |           |       |            |        |                                     |  |
|   |          |                 |             |           |       |            |        |                                     |  |
|   |          |                 |             |           |       |            |        |                                     |  |
| <i>I certify that I have reported accurate information as required by the provisions of this permit and regulation 19.35.10 NMAC.</i> |          |                 |             |           |       |            |        |                                     |  |
| Permittee's Signature :   |          |                 |             |           | Date: |            |        |                                     |  |