

**PROTECTED MAMMAL PERMIT**



**Permit Fee \$10.00**  
(April 1 - March 31)

NEW MEXICO DEPARTMENT OF GAME & FISH  
FIELD OPERATIONS DIVISION  
SPECIAL USE PERMITS PROGRAM  
P.O. BOX 25112  
SANTA FE, NEW MEXICO 87504  
(505) 476-8064 / Fax (505) 476-8133  
Email: [DGF.Permits@state.nm.us](mailto:DGF.Permits@state.nm.us)

**FOR DEPT. USE ONLY**  
Check # \_\_\_\_\_  
Amount \$ \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Initials \_\_\_\_\_

**APPLICATION**

**RENEWAL**

**CANCELLATION**

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

Is the protected mammal used for field trial purposes?

- Yes, attach photographs of dogs which you intend to train.
- No, explain purpose for retention below

\_\_\_\_\_

\_\_\_\_\_

Attach photographs of the outside pen that you intend to house the protected mammal in. Below, provide the physical address or directions to the location of protected mammal pen.

\_\_\_\_\_

<b>** FOR PERMITTEE'S ONLY **</b>							
<b>ACTIVITY FOR PAST PERMIT YEAR</b>							
Species	Sex	Age	Tattoo, other ID features	Dates			Disposition Acquired from, cause of death, lost; transferred to whom, etc.
				Acquired	Disposed	On Hand	

The department may require applicant/permittee to spay or neuter the protected mammal.

If renewal form is not received before March 31<sup>st</sup>, permit will become null and void.

**I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Applicant/Permittee's Signature

\_\_\_\_\_  
Date