## **CLASS "A" LAKE PERMIT APPLICATION**

Permit Fee \$101.00/year (April 1 - March 31) Additional Lake(s) \$26.00 each



## NEW MEXICO DEPARTMENT OF GAME & FISH FIELD OPERATIONS DIVISION SPECIAL USE PERMITS PROGRAM P.O. BOX 25112

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

SANTA FE, NEW MEXICO 87504 (505) 476-8064 / Fax (505) 476-8133 Email: DGF.Permits@state.nm.us

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

- All applications will be reviewed by department personnel: 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.
- Attach plats, deeds and proof of ownership of the proposed Class A Lake(s) private lands.
- Include a sufficient size and detailed map of proposed lake(s) to be located by department personnel.
- A series of lakes in close proximity, all on one property, may be considered in one permit. If more than one pond or lake is separated by land **not** owned by the applicant, then each additional lake must be covered by a \$26.00 additional lake fee.

COUNTY	Location of Lake(s) (nearest town and directions)			SECTION	TOWNSHIP		RANGE
Name of Lake(s)	Size (area)	Maximum Depth	Acre Feet of Water Impounded	Source of Water		Water Filing Number & Date*	
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*If water filing is not recorde	ed with State Engineer	applicant certifie	s that he/she is aware o	f the provisions of Section 17	7-4-11 NMSA 1978.
If any of the above ponds or la public waters, how will ingres		1 0			
Number, kind and size of fish	currently on hand				
Number, kind and size of fish	to be purchased & st	ocked			
How will fish be disposed of (marketed or by selling fishing privileges)					
Supplier's Information					
Suppliers Name					
Address					
City, ST, Zip					
Telephone / Fax					
I HEREBY CERTIFY THA KNOWLEDGE.	AT THE FOREGOIN	G STATEMENT	S ARE TRUE AND CO	ORRECT TO THE BEST	OF MY

Applicant Signature Date