WILDLIFE REHABILITATION APPLICATION



NO FEE REQUIRED

NAME

BUSINESS NAME

ADDRESS (mailing)

CITY, STATE, ZIP
TELEPHONE (Cell)

NEW MEXICO DEPARTMENT OF GAME & FISH FIELD OPERATIONS DIVISION SPECIAL USE PERMITS PROGRAM P.O. BOX 25112 SANTA FE, NM 87504

> 505-476-8064 / Fax 505-476-8133 Email: DGF.Permits@state.nm.us

FOR DEPT. USE ONLY				
Date/				
Initials				
□ Exam				
☐ Facility Inspection				
□ Equipment Inspection				

This application will not be considered unless it is complete and notarized. Applicants will be required to pass the Wildlife Rehabilitation test prior to issuance of permit.

EMAIL

WEBSITE

ADDRESS (physical)

(Home)

DATE OF BIRTH			FAX			
WILDLIFE REHABILITATION EXPERIENCE						
SPECIES (i.e. birds, mammals, raptors or reptiles, does not include endangered or threatened species during first year).						
EXPERIENCE AND WILDLIFE REHABILITATION TRAINING Pertinent information (education, resume, volunteer, etc.)						
REFERENCES						
Provide two references your experience, they n federally permitted wild	nust be state or					
List other state and federal permits held by you relating to wildlife						
List organizations in which you belong to related to the biological or educational use of wildlife						
Networking arrangements for veterinarian support, provide vet contact information.						
Have you ever been pardoned, entered into a pre- prosecution diversion program, received a suspended or deferred sentence or conviction for any animal crime? (circle one) No or Yes, please explain						

FACILITY					
FACILITY LOCATION					
DESCRIBE EXISTING OR PLANNED INDOOR AND OUTDOOR FACILITIES					
CONSTRUCTION MATERIALS USED					
SHELTER & SHADE MATERIALS Demonstrate the adequacy of these facilities for protecting captive wildlife from injury, summer sun, severe weather, disease, predators, and excessive human disturbance					
LIST EQUIPMENT AVAILABLE					
Attach a sketch of facilities drawn to scale, inc	dicating dimensions. Upon completion of construction provide photographs.				
I HEREBY CERTIFY THAT THE F	Date				
	SWORN AFFIDAVIT				
STATE OF					
COUNTY OF)ss:)				
BEFORE ME, the undersigned authority, on the who after having by me duly sworn, deposed an	is day personally appearedand said:				
I,rehabilitating and releasing such species back in	, desire to handle the wildlife species indicated above for the sole purpose of nto the wild and declare that the above statements made by me are true and correct.				
SUBSCRIBED AND SWORN BEFORE ME t	nis, 20				
S E A	Notary Public My Commission Expires:				
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