ZOO PERMIT RENEWAL



NO FEE REQUIRED

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

Check#		
Amount\$_		
Date	_/	/
Initials		

☐ I WISI	W I DO NOT WISH TO RENEW
NAME	EMAIL
BUSINESS NAME	WEBSITE
ADDRESS (mailing)	ADDRESS
CITY, STATE, ZIP	(physical)
TELEPHONE (Cell)	(Home/Fax)
By signing below, I certi	ntil the Annual Inventory Report is received. mitted Annual Inventory Report is true and accurate and that the live and or acquired according to state law and regulation.
	Printed name of Zoo Director
	Signature of Zoo Director Date

SPECIES (common name)	ACQU No.	ACQUIRED No. Sex		SED OF Sex	SOURCE or DISPOSITION (purchased from, died, traded with, etc.)	On hand as of Renewal date No. Sex	

*Copy for Continuation Sheets Reporting Page Number _____