MI Form Mobility Impaired Certification Application

Provisions and Procedures For Certification
The New Mexico Department of Game and Fish, in accordance with Title 19 NMAC, may provide mobility impaired hunting opportunities for pronghorn, deer, elk and oryx to disabled individuals who are certified as meeting at least one of the following criteria: permanent restriction to a wheelchair, a walker, two crutches, severe permanent restriction of movement in both arms, or a combination of permanent disabilities which cause comparable substantial functional limitations.

Applicants first must register for a Customer Identification Number (CIN) at www.wildlife.state.nm.us.
Please send this completed application to NMDG&F, Special Hunts, P.O. Box 25112, Santa Fe, NM, 87504-5112.

The Mobility Impaired Certification expires after 48 months (4 Years) and MUST be renewed.

For Department Use Only

Part 1 Applicant's Information

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone ___-___-____ Home Phone ___-___-____

Last Four Digits of SSN _____ Customer Identification Number or Birth Date (MM/DD/YYYY) _____

M ☐ F ☐ Height _____ Weight _____ Eye Color _____ Hair Color _____

I attest that the above information is true and correct and that I have a qualifying permanent impairment and I am eligible for a Mobility Impaired Certification.

Signature _____ Date _____

Part 2 Physician's Statement

I certify that _____ has the following permanent mobility restriction(s) as described below. Please check one or more.

1. ___ Permanently restricted to the use of ___ wheelchair ___ walker ___ or two crutches
2. ___ Severe permanent restriction of movement of both arms
3. ___ Combination of permanent disabilities which cause comparable substantial functional limitation.
   Please describe:

_____

_____

Signature of Certifying Physician _____ Date _____

Printed Name of Certifying Physician _____

Medical License, Permit or Board Certification Number _____ State _____

Address _____ Phone Number _____