

# ARTIFICIAL LIGHT 14 DAY PERMIT APPLICATION



FOR DEPT. USE ONLY	
Check # _____	Amount _____
Date ____/____/____	Initials _____

**NEW MEXICO DEPARTMENT OF GAME AND FISH  
LAW ENFORCEMENT DIVISION  
SPECIAL USE PERMITS PROGRAM  
P.O. BOX 25112  
SANTA FE, NEW MEXICO 87504  
(505) 476-8064/ Fax (505) 476-8133**

**Permit Fee: \$15.00 /14 days**

**AMOUNT ENCLOSED \$ \_\_\_\_\_  
(Enclose fee with renewal)**

Please submit this application and the appropriate fee to the address listed above. \*Application and all other required materials must be received by the Department of Game & Fish at least two weeks prior to the requested period.

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**TELEPHONE NO:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Dates of proposed activities:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **through** \_\_\_\_/\_\_\_\_/\_\_\_\_

\*A permit shall be valid for a maximum of 14 consecutive days. Permits may be extended only once and extensions are limited to 30 days. Extensions must be based on emergency or exigent circumstances and must be approved by the Director.

**Location of activities:** *(direction and approximate distance from nearest city or town)* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Purpose for activity:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Species Requested to be taken using Artificial Light	Number Requested to be taken	Number Requested by landowner	Number Approved (Dept. Use)

Please see attached documents: Landowners Consent Form & Authorization for Release of Information

**I understand these activities are authorized only on the specified dates and location(s) and they must be accompanied with written permission from the landowner and or agent, alongside a Department issued permit. I have also read and shall comply with New Mexico's rules and regulations governing the use of artificial light. I attest that I do not have a history of violation of any related federal or state game and fish laws or regulations.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**LANDOWNER'S OR AGENT'S CONSENT AUTHORIZATION  
FOR THE USE OF A 14 DAY ARTIFICIAL LIGHT PERMIT**



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(505) 476-8064 / fax (505) 476-8133

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**TELEPHONE NO:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

I am the owner (or one of the owners) or agent of the tract or tracts of land in \_\_\_\_\_ County, NM.  
Containing \_\_\_\_\_ acres, more or less, located (general direction, approximate distance from nearest city or town)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby give consent to** \_\_\_\_\_ **to shine artificial light while being in possession of a**  
Applicant's name  
**Firearm on my property, contingent upon the Department's rules and regulations and under the use of a proper permit.**

**Purpose for activity** \_\_\_\_\_  
\_\_\_\_\_

**Species to be taken** (quantity& type) \_\_\_\_\_  
\_\_\_\_\_

This consent shall be valid for the 14 consecutive day permit unless I, \_\_\_\_\_ ,  
Owner or agents name  
officially withdraw my permission for the use of artificial light as defined in Section 17-2-31 and Title 19 Chapter 30  
Part 13 on my property. At this time, I understand it is required of me to submit in writing a statement of official  
renunciation to the New Mexico Department of Game and Fish making the permit null and void.

\_\_\_\_\_  
Landowner or Agents Signature

\_\_\_\_\_  
Date

# AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_  
NAME (MUST BE PRINTED-LEGIBLY)      SSN      DOB

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

\_\_\_\_\_  
NAME (MUST BE PRINTED) (IF NO AGENT, PRINT "SELF")

ADDRESS: \_\_\_\_\_

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND/OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME. MY HEIRS, ASSIGNS, ASSOCIATES PERSONAL REPRESENTATIVE OR REPRESENTIES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION". MY REQUEST CONTAINED HEREIN FOR THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(\*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED IN YOUR PRESENCE AND NAME, DOB, SOC INFO IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
(NOTARY SIGNATURE)

MY COMMISSION EXPIRES: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_