

**PROTECTED MAMMAL PERMIT RENEWAL**



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

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

**Permit Year** 20 / 20  
 (April 1 – March 31)

**Permit Fee \$10.00/ Year**

AMOUNT ENCLOSED \$ \_\_\_\_\_

**APPLICATION**                       **RENEWAL**                       **CANCELLATION**

**NAME:** \_\_\_\_\_ **PERMIT NO.** (If renewing) \_\_\_\_\_  
**BUSINESS NAME:** \_\_\_\_\_ **WEBSITE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY, STATE, ZIP:** \_\_\_\_\_  
**TELEPHONE NO:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Physical location of mammal(s) held, if different from above address: \_\_\_\_\_  
 \_\_\_\_\_

Is the protected mammal(s) used for field trial purposes?  Yes  No, if not, explain purpose for retention  
 \_\_\_\_\_  
 \_\_\_\_\_

Attach Photographs of dogs which you intend to train.  
 Attach Photographs of the outside pen that you intend to house the protected mammal in.

** FOR PERMITTEE'S ONLY **							
ACTIVITY FOR PAST PERMIT YEAR							
Species	Sex	Age	Tattoo, other ID features	Dates			Status: Source acquired from or Disposition; cause of death, where lost; transferred to whom, etc.
				Added	Death	On Hand	

**\*If renewal form is not received before March 31<sup>st</sup>, permit will become null and void.**

**I hereby certify that the foregoing statements are true and correct to the best of my knowledge.**

\_\_\_\_\_  
 Applicant/Permittee's Signature

\_\_\_\_\_  
 Date