New Mexico Department of Game and Fish
Conserving New Mexico's Wildlife for Future Generations
www.wildlife.state.nm.us • 1 Wildlife Way, Santa Fe, NM 87507

LIFETIME RESIDENT DISABLED VETERAN CARD APPLICATION

This is a first-time application for a free small-game, fishing and deer license for 100% service-connected disabled New Mexico resident veterans. This lifetime privilege will be issued upon verification of disability status from the New Mexico Department of Veteran Services. To expedite verification of disability status, please enclose a copy of your: (1) DD-214, (2) Veterans Administration award letter that shows your level of disability, and (3) proof of New Mexico residency. Once approved, a Disabled Veteran Card will be issued and serve as your license valid for small game hunting and fishing.

The deer license portion of this privilege must be applied for annually. Disabled Veteran cardholders may apply for the public-land deer draw at no charge. However, no preference is given in the draw. If unsuccessful, cardholders may obtain a private-land deer license. The Disabled Veteran cardholder must have written permission to hunt on private land.

This privilege includes a Second-rod Validation and Habitat Stamp when used in conjunction with small-game hunting, fishing and deer. A habitat stamp purchase is required when hunting big game or turkey outside of the DV cardholder privilege. A federal Migratory Bird Permit is required for hunting all migratory birds and a federal Duck Stamp is required for all waterfowl hunting. Since this form will be used to create a license, all applicant information needs to be filled out completely. Incomplete forms may cause a delay processing the lifetime license. Please verify that all information is accurate and complete.

Disabled Veteran cardholders are responsible for filing mandatory harvest reports for any deer license, whether public or private, held in their name.

Part 1: Applicant Information

First Name: _____ **Last Name:** _____ **M.I.:** ____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

NM Residency Date (MM/DD/YYYY)**:** _____ **Email:** _____

Home Phone (with area code): _____ **Cell:** _____

Last 4 digits of SSN: _____ **Customer Identification Number or Birth Date:** _____

Service Number: _____ **Veterans Administrations Claim Number:** _____

M ☐ **F** ☐ **Height:** ____**ft.** ____**in.** **Weight** ____**lbs.** **Hair Color** _____ **Eye Color** _____

I attest the above information is true and correct and I have read and understood the eligibilty rules regarding application for the free disabled veteran license stated above and I attest that I am in fact eligible for the license applied for.

_____ _____
Signature Date

Part 2: Department of Veteran Services

I hereby certify that the evidence of the truth of the foregoing statements of the applicant have been presented to me and that I am satisfied that these statements are true. This evidence consists of the following instruments and writing: _____

_____

_____ _____
Approved by Date

Email this form to
vet.benefits@dvs.nm.gov

– or –

Mail this form to
State Benefits Division
New Mexico Department of Veteran Services
407 Galisteo St., Room 142
Santa Fe, NM 87501

Questions or Status Updates
505-827-6300 or 866-433-8387