New Mexico Department of Game and Fish

Support New Mexico's Wildlife – Buy a hunting, fishing or trapping license and give to the Share With Wildlife program!

DV Form Application to Receive a Lifetime Resident Disabled Veteran Card

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 privilege will be issued upon verification of disability status from the New Mexico Department of Veteran Service. To expedite verification of disability status, please enclose a copy of your DD-214 and your Veterans Administration award letter which shows your level of disability. Once approved, a Lifetime 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. Successful applicants will be able to print their licenses from their home. If unsuccessful, cardholders may request 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, Habitat Management and Access Stamp and Habitat Improvement Stamp, when used in conjunction with deer and small-game hunting and fishing. 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.

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

APPLICANT INFORMATION

_____ _____ _____
First Name Last Name M.I.

_____
Address

_____ _____ _____ – _____
City State ZIP

(_____) _____ – _____ (_____) _____ – _____
Daytime Telephone with area code Home Telephone with area code

_____
E-mail Address

_____ _____ – _____
Last 4 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. I have read and understood the eligibility 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: _____

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: _____ _____ _____
Name Title Date

Mail this form to:

State Benefits Division, New Mexico Department of Veteran Services, P.O. Box 2324, Santa Fe, NM 87504