

# AIRCRAFT PREDATOR CONTROL LOG AND QUARTERLY REPORT



NEW MEXICO DEPARTMENT OF GAME AND FISH  
 FIELD OPERATIONS DIVISION  
 SPECIAL USE PERMITS PROGRAM  
 P.O. BOX 25112  
 SANTA FE, NEW MEXICO 87504  
 (505) 476-8064 / fax (505) 476-8133  
 Email: [DGF.Permits@state.nm.us](mailto:DGF.Permits@state.nm.us)

**YEAR:** \_\_\_\_\_

Permit Number \_\_\_\_\_

Permittee		<input type="checkbox"/>	1 <sup>st</sup> Quarter: Jan 1 <sup>st</sup> to March 31 <sup>st</sup>
Address		<input type="checkbox"/>	2 <sup>nd</sup> Quarter: April 1 <sup>st</sup> to June 30 <sup>th</sup>
City, State, Zip		<input type="checkbox"/>	3 <sup>rd</sup> Quarter: July 1 <sup>st</sup> to Sept 30 <sup>th</sup>
Telephone No		<input type="checkbox"/>	4 <sup>th</sup> Quarter: Oct 1 <sup>st</sup> to Dec 31 <sup>st</sup>

DATE	START TIME	STOP TIME	SPECIES AND NO. TAKEN	LANDOWNER NAME	COUNTY	PILOT NAME	GUNNER NAME

SPECIES & TOTAL NO. TAKEN	1 <sup>st</sup> Quarter	
SPECIES & TOTAL NO. TAKEN	2 <sup>nd</sup> Quarter	
SPECIES & TOTAL NO. TAKEN	3 <sup>rd</sup> Quarter	
SPECIES & TOTAL NO. TAKEN	4 <sup>th</sup> Quarter	
<b>END OF YEAR TOTAL</b>		

I certify this report is correct to the best of my knowledge.

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Permittee signature
Date