

LAST NAME, First Name: \_\_\_\_\_

HUNT TYPE(s): \_\_\_\_\_



2025-26 NON-TRIBAL MEMBER

**OVER-THE-COUNTER HUNT APPLICATION FORM**

Please carefully select the appropriate hunt(s). Complete the application in its entirety and sign verifying the information is correct. Incomplete or incorrect applications will not be processed. Mail Applications to: Jicarilla Game & Fish Dept., P.O. Box 313, Dulce, New Mexico 87528

<b>OVER-THE-COUNTER LICENSES:</b> Issued 1 <sup>st</sup> come- 1 <sup>st</sup> Served (see proclamation for dates): To purchase an over-the-counter license, submit total license fees plus a \$50 non-refundable application and wildlife stamp fee per applicant within 7 business days of reserving license through JGFD office.				
HUNT TYPE	SEASON DATES	# HUNTERS	License Price	TOTAL
COW ELK OPTION (for Bull/Buck Hunters only)	Concurrent with Bull or Buck Hunt Dates:		\$750.00	=
2 <sup>nd</sup> COW ELK (for Drawn Cow Elk Hunters Only)	Concurrent with Drawn Cow Elk Hunt Dates:		\$750.00	=
BOBCAT OPTION (for Mountain Lion Hunters only) Quota	Concurrent with Mtn Lion Hunt Dates:		\$300.00	=
SPRING TURKEY available 3/11/25 1 tag per person	APRIL 12-MAY 15, 2025		\$500.00	=
WATERFOWL	October 11-November 30, 2025 Daily Permit Start Date(s):		\$20 / \$100	=
VARMINT (PRAIRIE DOG) PERMIT	April 1-Aug. 31, 2025 (3 consecutive days) Permit Start Date:		\$300.00	=
FALL BEAR RESERVATION	August 15- October 31, 2025 (5 consecutive days)		\$600.00	=
Horse Lake Mesa FALL BEAR	Option for HLM Elk Hunters Only		\$600.00	=
South Unit: FEMALE MTN LION	April 1- March 31, 2025 (5 consecutive days)		\$400.00	=
Application and Wildlife Stamp fee \$50.00 x No. of applicants				=
<b>TOTAL</b>				<b>\$</b>

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

Tribal Guide(s): \_\_\_\_\_ Guest: \_\_\_\_\_

By signing, each applicant certifies that the information is true and correct to the best of their knowledge, and each applicant agrees and understands the rules and regulations of hunting on the Jicarilla Apache Nation. A copy of Hunter Safety Certificate/Card is required for youth.

1. Applicant Name: \_\_\_\_\_ ←Group Leader Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_

2. Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_

3. Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_

LAST NAME, First Name: \_\_\_\_\_

HUNT TYPE(s): \_\_\_\_\_

**4. Applicant Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_

**5. Applicant Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_

**6. Applicant Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_

**7. Applicant Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_

**8. Applicant Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_

**9. Applicant Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_

**10. Applicant Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_