

1-29-2016

# Report for NMDGF Permit: 3308, 2015

S. David Moore

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## New Mexico Department of Game and Fish Annual Report Scientific Authorization Permit

**INSTRUCTIONS:** This form is for reporting activities conducted under a New Mexico Department of Game and Fish Scientific Permit. When entering information, place only one species per line and exact date of collection (Month/Day/Year). Multiple individuals of that species may be entered as long as the date, age, sex, locality and disposition are the same. Always specify the number of individuals in an entry, along with the ages and sexes where known. Disposition refers to what was done with the animals reported, e.g., "banded and released" or "deposited in the Museum of Southwestern Biology." **Include all animals taken or handled during the current permit year, even if some have not been fully identified when this form is submitted.** In such case, report the identity as unknown and then supply complete information within one year in a follow-up report. Spreadsheets, catalogues, accession logs, or similar documents may be used in lieu of filling in the report portion of this form, as long as ALL of the information requested in this form is included (Geographic location information is recommended. Please note to have complete geographic information you must supply both the Coordinate System and the Datum). Filing an annual report is a condition of your permit. Continual failure to file a timely report or an incomplete report could result in suspension of your permit. You must submit a report even if you had no activity during the year. **Please email to DGF.Permits@state.nm.us**. You may also submit to: **New Mexico Department of Game and Fish, Field Operations Division, P.O. Box 25112, Santa Fe, NM 87504. The deadline to submit this report is Jan. 31.**

**If submitting a paper copy with original signature:** To the best of my knowledge, the information contained in this report is correct, complete, and in compliance with stipulations required of me as a permittee under NMDGF Authorization.

Permittee signature [Signature] Date 1/29/16

**If submitting an electronic copy:** By checking the box below, I agree that to the best of my knowledge, the information contained in this report is correct, complete and in compliance with stipulations required of me as a permittee under NMDGF authorization.

[insert Permittee name]

Date [insert date]

**Name of Permittee** S. David Moore **Permit No.** 3308 **Report Year** 2015  
**Address** Bureau of Reclamation, P.O. Box 25007 (85-829000), Denver, CO 80225 **Phone** 303-445-2242 **Email** [sdavidmoore@usbr.gov](mailto:sdavidmoore@usbr.gov)

No sampling was conducted under this permit in 2015.

| Date | Species (Scientific name) | Salvaged? Yes/No | Number captured | Age | Sex F/M | County | Drainage | Place Name or Location Description | Geographic location |        | Disposition | Notes |
|------|---------------------------|------------------|-----------------|-----|---------|--------|----------|------------------------------------|---------------------|--------|-------------|-------|
|      |                           |                  |                 |     |         |        |          |                                    | Coord Sys & Datum   | X axis |             |       |
|      |                           |                  |                 |     |         |        |          |                                    |                     |        |             |       |
|      |                           |                  |                 |     |         |        |          |                                    |                     |        |             |       |
|      |                           |                  |                 |     |         |        |          |                                    |                     |        |             |       |
|      |                           |                  |                 |     |         |        |          |                                    |                     |        |             |       |
|      |                           |                  |                 |     |         |        |          |                                    |                     |        |             |       |
|      |                           |                  |                 |     |         |        |          |                                    |                     |        |             |       |
|      |                           |                  |                 |     |         |        |          |                                    |                     |        |             |       |
|      |                           |                  |                 |     |         |        |          |                                    |                     |        |             |       |
|      |                           |                  |                 |     |         |        |          |                                    |                     |        |             |       |