

LAST NAME, First Name: _____

HUNT TYPE(s): _____



2026-27 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 (USPS)/38 Airport Rd (Fed Ex/UPS), Dulce, New Mexico 87528

OVER-THE-COUNTER LICENSES: Issued 1 st come- 1 st 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 nd 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 3/11/26 1 tag per person	APRIL 13-MAY 15, 2026		\$500.00	=
WATERFOWL	October 11-November 30, 2026 Daily Permit Start Date(s):		\$20 / \$100	=
VARMINT (PRAIRIE DOG) PERMIT	April 1-Aug. 31, 2026 (3 consecutive days) Permit Start Date:		\$300.00	=
FALL BEAR RESERVATION	August 15- October 31, 2026 (5 consecutive days)		\$600.00	=
Horse Lake Mesa FALL BEAR	Option for HLM Elk Hunters Only		\$600.00	=
Application and Wildlife Stamp fee \$50.00 x No. of applicants				=
				TOTAL
				\$

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): _____