

NMMSAR Certification Statements

Equine Health/Transport Permit

I certify that I have done my best to ensure the health and welfare of my horse(s) by using the current, best-known equine care practices and, that I have a ***New Mexico Livestock Board Equine Transportation Permit*** form for my horse(s).

Signature

Date

Printed Name

Personal Liability Coverage

To be compliant with the Unit's insurance policy, all members must carry personal liability coverage. Depending on the incident, you may be covered under the unit's policy. If not, and your policy denies coverage, then you would be responsible for any monetary damages.

Insurance Company: _____

Signature

Date

Print Name

Personal Health Insurance

I certify that I have health insurance. Insurance Company _____

Signature

Date

Printed Name