TRAP TAG REPLACEMENT CERTIFICATION

Mail-in ordering: DEPARTMENT OF MARINE RESOURCES
21 STATE HOUSE STATION
AUGUSTA ME 04333-0021
ATTN: LICENSING 624-6550
FAX# 207-624-6024

THIS SECTION MUST BE COMPLETED TO ORDER OR RECEIVE TAGS:

Name: __________________________ Date of Birth: __________________________

Address: __________________________, City: __________________________, State: ______ Zip: __________

Trap Tag Year: __________ Lobster / Crab license number: __________ Today’s Date: __________

PAYMENT MAY BE MADE BY CREDIT OR DEBIT CARD, CHECK OR MONEY ORDER ONLY

COMMERCIAL LICENSE HOLDERS ONLY:

REQUIRED QUESTIONS:

HOW MANY TAGS HAVE YOU LOST? __________.

REASON FOR LOSS? __________

Keep in mind you can only get replacement tags in groups of 20.

1. Check one - Regular Replacement □ or EEZ □ tags. The cost will be 50 cents each. No. of Tags to be replaced __________ @ 50¢= $ __________

2. #’s issued __________

Check one - 2nd Zone Tag Regular Replacement □ or 2nd Zone EEZ □ tags. The cost will be 20 cents each. Number of 2nd zone tags to be replaced __________ @ 20¢= $ __________

#’s issued __________

NONCOMMERCIAL LICENSE HOLDERS ONLY:

Number of Noncommercial replacement tags __________ @ 50 cents each= $ __________ Total. No more than 2 replacement tags may be issued to noncommercial license holders. If requesting more than 2 replacement tags – you must request a catastrophic loss replacement. #’s issued __________

The statements made by me in this trap tag Replacement/Exchange Certification are true to the best of my knowledge and belief, and are subject to verification by the Department of Marine Resources.

Date: __________________________________________________________________

License’s Holder Signature __________________________

Credit □ / Debit □ Card Payment: I authorize the State of Maine, Department of Marine Resources, Licensing Division to charge my VISA □ MasterCard □ Discover □ Card No. __________________________

In the Amount of $ __________, expiration date __________________ CVV# __________

Signature of Card Holder (name must be exactly as it is on the card):

________________________________________

You may also mail this form directly to Headquarters in Augusta for Processing.

Checks should be made payable to Maine State Treasurer

Z:\Patrol\FORMS\Trap Tag Forms & Permission to Set Forms\Lobster Trap Tag Loss-Exchange Affidavit - 6/13/2019