TRAP TAG ORDER FORM

MUST SPECIFY **TAG YEAR**

Name:___________________________________________________________

Mailing Address:___________________________________________________

Date of Birth:_____________________________ Zone_____________________

**TRAP TAG YEAR – REQUIRED** ______________________

Number of tags ordered___________ at $0.50 per tag = $_______________

   Regular_______

   EEZ _______

If you hold a current license and are ordering additional tags --NOT REPLACEMENT TAGS, you must return your current license with this order form. A new license will be returned to you showing the new tag information.

Please make check payable to **MAINE STATE TREASURER**, Credit card payments may be made below. If you have questions, contact Licensing at 207-624-6550.

Return to: Licensing Division
Department of Marine Resources
21 State House Station
Augusta ME  04333-0021

**Credit 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 $_____________, CVV#_________ expiration date ________________

Signed by cardholder _________________________  date ___________