



Maine Department of Inland Fisheries and Wildlife
353 Water Street, 41 SHS, Augusta, ME 04333
Phone 207-287-8000 / Fax 207-287-9037

LAKE AND RIVER PROTECTION STICKER ORDER FORM

To obtain Lake and River Protection stickers the same day, please visit our main office, or one of the MOSES Agent Locations listed at (<https://www.maine.gov/ifw/fishing-boating/boating/protection-sticker-agents.html>).

To order Lake and River Protection stickers from the MDIFW headquarters, you may submit this order form via mail, email, or fax using the information below. Once your transaction is processed, you will receive a confirmation via email which you should keep with you until your stickers arrive in the mail. *Please plan for at least two weeks for your stickers to arrive once your transaction is processed.* Once your stickers arrive, they should be affixed to your vessel.

Name: _____ Date of Birth: ____/____/____
First Last MI MM DD YYYY

Business Name, if applicable: _____ MOSES ID: _____

Mailing Address: _____
Street/Road or Box # City or Town State Zip Code

Email Address: _____ Phone Number: (____) ____ - ____

Boat Make: _____ Year: _____ Registration Number: _____

If purchasing these for an event, please complete the following fields.

Event Name: _____

Event Date(s): _____ Event Location: _____

If you want sticker(s) mailed somewhere other than the mailing address listed above, please complete line below.

Ship to Address: _____
Street/Road or Box # City or Town State Zip Code

Number of Stickers Requested _____ at \$60 each (\$59 plus \$1 agent fee). Total Amount Due \$ _____

MAIL, EMAIL, OR FAX APPLICATION WITH THE APPROPRIATE FEE:

Make check payable to: Treasurer, State of Maine

Maine Department of Inland Fisheries and Wildlife
 Lake and River Protection Sticker Order
 353 Water Street, SHS 41
 Augusta, ME 04333
 Fax: 207-287-9037
 Email: LRsticker.IFW@maine.gov
 Please indicate in the subject field:
 "Lake and River Protection Sticker Order"

CREDIT CARD PAYMENT	
All Major Credit Cards Accepted	
Name on Card:	_____
Card #:	_____
Expiration Date:	____/____ Code: _____
Billing Address:	_____

If more space is needed to answer any questions, please use back of form or attach an additional document to this application.

**For immediate assistance with your order,
 please call 207-287-5215**

This section for Department Staff Use only

Sticker Number(s): _____