| Part A: Applicant Information | Landings \# |
| :---: | :---: |
| Last Name | _ Suffix___ First Name___ MI |
| Social Security \# | Gender: Male-Female Nonbinary- DOB |
| Eye color_ Hair Color | Height __ Weight___ Driver's License\# |
| If no driver's license list reason_ | if UNDER 18-parent/guardian DL Lic\# |
| Mailing Address: | , City |
| State__ , Zip Code | Physical Address |
|  | (IF DIFFERENT THAN MAILING) |
| Email | Landline___ Mobile\#_ |



Were you enrolled in school this calendar year? $\square$ YES $\square$ NO
Buoy Color (students only)

Trap Tags
Number of trap tags $\qquad$ (Students only)

Trap Tag Limits: Age 8 to 10 up to 10 tags- DMI Only 10 tags Age 11 to 13 up to 50 tags- DMI Only 25 tags Age 14 to 22 up to 150 tags-DMI Only 50 tags
All traps in use must be tagged. Allow up to 4-6 weeks for delivery. New tags must be on traps by June 1-no exceptions.

## Declared Zone (A-G)

Zone
Zone(s) in which you intend to fish
$\begin{array}{lllllll}\text { A } \square & \text { B } \square & \text { C } \square & \text { D } \square & \text { DMI } \square & \text { E } \square & \text { F }\end{array}$G
Students and Apprentices You must have at least one sponsor. Sponsors must hold a current commercial lobster
license for 5 years when you apply. DMI students must have DMI sponsor Sponsor \#1 Landings Number

## Name

Boat Reg. Or Doc. Number
Boat Name
Declared Zone
Sponsor Signature
Sponsor \#2 Landings Number $\qquad$
Name
Boat Reg. Or Doc. Number
Boat Name
Declared Zone
Sponsor Signature
Sponsor \#3 Landings Number
Name
Boat Reg. Or Doc. Number
Boat Name
Declared Zone
Sponsors Signature

## Part C: Supplemental Information

Fill out all information completely. False statements or misrepresentations will result in the revocation of the license and prosecution in Court. Students list boat(s) you will be using to fish your tags.
Tags must be designated to a specific boat. If you will be double tagging - you must submit a request in writing fr a special circumstance permit. The boat owner has priority over tag limits for the boat. If you apply for this license before the boat owner has applied for his license - your tags will automatically be unregistered and cannot be used to fish. You will need to follow the Special Circumstances Request below in order to register tags.

## **DO NOT SUBMIT YOUR APPLICATION BEFORE YOUR SPONSOR IS LICENSED**

Vessel 1: Boat Registration \# / Doc \# Boat Owner's Name Boat Length $\qquad$ Boat Name
Town of Primary Anchorage
\# of tags applicant is fishing from this boat
Vessel 2: Boat Registration \# / Doc \# $\qquad$
Boat Owner's Name
Boat Length
Boat Name
Town of Primary Anchorage
$\qquad$

Did you fish recreationally in tidal waters of the State of Maine last year? $\square$ Yes $\square$ No

## SPECIAL CIRCUMSTANCES

All requests for lobster trap tags that would put any vessel in violation of the lobster trap tag vessel limitation must be made to the department in writing. If you have requested a special circumstance last year, and nothing has changed you do not need to submit another request. If this is a new request, you would need to include, but are not limited to, any double tagging situation. The request must be specific and, in the case of double tagging, include ALL parties involved along with the vessel information. Any such approvals that are granted will be in the form of a special circumstances permit, as required under Title 12, Chapter 25.08(F). Any fishing activity not expressly authorized in the special circumstances permit granted by the Commissioner shall be a violation of the law and subject to prosecution.

Please contact Marine Patrol Headquarters if you have any questions regarding Special Circumstances at: 207-624-6555
**Sign and date in Part D: Certification on back

## Instructions:

Complete the information in Part A on the front of this form. Check the license requested in Part B and calculate the total fees. Have licensed sponsor complete applicable information in Part B. Fill out all applicable information in Part C. Read the residency requirements included on this document and certify your application with your signature in Part D. Enclose this document in an envelope along with a check or money order payable to Treasurer, State of Maine or fill out the section below for credit card payments, affix a stamp and put it in the mail. We cannot accept applications by fax or phone. If you have questions call (207) 624-6550.

## MAIL TO:

SAVE TIME AND RENEW ONLINE.
https://maine-dmr-leeds-prod.pegacloud.com/

## Department of Marine Resources

Licensing Division
21 State House Station
Augusta, ME 04330
Residency Requirements: Any individual who has been domiciled in Maine for the past 6 months preceding the date of application is eligible for a resident license. A corporation is eligible for a resident license if it has been created and exists under the laws of Maine and it has existed in Maine for 6 months preceding the date of application. A firm or partnership is eligible if all of its officers or partners have been domiciled in Maine for 6 months preceding the date of application. For the purposes of this license application, a resident is a person who:
A. If registered to vote, is registered in Maine;
B. If licensed to drive a motor vehicle, has made application for a Maine motor vehicle operator's license;
C. If the owner of one or more motor vehicles located within the State, has registered at least one of the motor vehicles in Maine; and
D. If required to file a Maine income tax return on the previous April $15^{\text {th }}$, filed a Maine income tax return.

## PAYMENT INFORMATION:

Please make checks/money orders payable to: Treasurer State of Maine. We cannot split payments on license fees.
Your check will be processed as an electronic funds transfer (EFT).
$\square$ Please check this box if your bank does NOT accept EFT transactions so we can manually submit your check to the bank for processing. Please be aware that if an EFT transaction gets rejected by your bank, you will be responsible for the payment as well as a $\$ 20.00$ bank fee.

Credit/debit card payments: I authorize the State of Maine, Department of Marine Resources, Licensing Division, to charge my VISA $\square$ MasterCard $\square$ Discover $\square$ Debit card

First Name
Last Name
MUST BE AS IT APPEARS ON CARD - PLEASE PRINT LEGIBLY AS THIS MAY AFFECT PROCESSING OF APPLICATION
Card No. $\qquad$ , CVV\# $\qquad$ expiration date $\qquad$
Signature of Cardholder: $\qquad$ Date: $\qquad$
Your credit card or checking account will be charged for what you have applied for on this application
Check us out online at: MAINE.GOV/DMR

