Apprentice/Student Lobster & Crab Harvesting 2024

Part A: Applicant Information			Landings #		
Last Name		9	Suffix First Name	MI	
Social Security #		G	ender: Male-Female Nonbinary <u>- DOB</u>		
			(circle one)		
			Weight Driver's License		
			if UNDER 18-parent/guardian DL Lic#		
Mailing Address:			, City <u>/sical</u> Address (IF DIFFERENT THAN MA		
State, Zip	Code	Ph	/sical Address		
Email		Landlir	e Mobile#	LING)	
	hery Information				
License Jan. 1, 2024 to Dec.		nonrefundable			
	Renew New	Fees	Y Part C: Supplemental Inform		
Apprentice under age 18 Apprentice age 18 and over Apprentice over age 70		\$ 65	Fill out all information completely. False s		
Apprentice age 18 and over		\$132	misrepresentations will result in the revoca		
Apprentice over age 70		\$ 66	and prosecution in Court. Students list boo	ıt(s) you will be	
			using to fish your tags.		
Student license hold		der tags	Tags must be designated to a specific boat. If you wil must submit a request in writing fr a special circumst		
<u>& list l</u>	ouoy colors		owner has priority over tag limits for the boat. If y	you apply for this license	
Student under age 23*		\$65	before the boat owner has applied for his license –yo		
* If 18 or older, you must show proof o	f current student statu	S.	be unregistered and cannot be used to fish. You will		
II	.11		Circumstances Request below in order to register tags	3.	
Have you graduated from high set (e.g. GED)? ☐ YES ☐ N		n equivalent degree	**DO NOT CUDMIT VOUD ADDI IC	ATION DEFODE	
If you selected no, please answ		uaction	**DO NOT SUBMIT YOUR APPLICATION OF THE PROPERTY OF THE PROPER		
If you selected no, please ansv	ver the following q	uestion:	YOUR SPONSOR IS LICEN	<u> SED**</u>	
Were you enrolled in school this	s calendar vear?	YES □ NO			
,	J		Vessel 1: Boat Registration # / Doc #		
Buoy Color (students only)			Boat Owner's Name		
			Boat Length Boat Name		
	Students only)		Town of Primary Anchorage		
Number of trap tags at	t \$0.75 each \$ _		# of tags applicant is fishing from this boat		
Trap Tag Limits: Age 8 to 10 up to			Vessel 2: Boat Registration # / Doc #		
Age 11 to 13 up to 5	50 tags— DMI Only 2	25 tags	Boat Owner's Name		
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			Boat LengthBoat Name		
must be on traps by June 1-no except		ienvery. New tags	Town of Primary Anchorage	 	
			Did you fish recreationally in tidal waters of the State	of Maina last waar?	
Declared Zone (A-G)	Zone	_	Yes No	of Maine last year?	
Zone(s) in which you intend to	o fish		165 110		
$A \square B \square C \square D \square$	□ DMI □ E □	F□ G□	SPECIAL CIRCUMSTAN	CES	
Students and Apprentices You must h			All requests for lobster trap tags that would put any v		
Sponsors must hold a			lobster trap tag vessel limitation must be made to the	department in writing. If	
license for 5 years when you apply Sponsor #1 Landings Number	<u>). DMI stuaents must 1</u> 	nave DM1 sponsor	you have requested a special circumstance last year, a you do not need to submit another request. If this is a		
Name	I		need to include, but are not limited to, any double tag		
NameBoat Reg. Or Doc. Number			request must be specific and, in the case of double tag		
Boat Name		·	parties involved along with the vessel information. A	any such approvals that	
			are granted will be in the form of a special circumstan		
Sponsor Signature			under Title 12, Chapter 25.08(F). Any fishing activity in the special circumstances permit granted by the Co	/ not expressly authorize	
Sponsor SignatureSponsor #2 Landings Number	•		violation of the law and subject to prosecution.	minissioner snail be a	
Name			violation of the law and subject to prosecution.		
NameBoat Reg. Or Doc. Number			Please contact Marine Patrol Headquarters if yo	on have any questions	
Boat Name			regarding Special Circumstances at: 207-624-6.		
Declared Zone			1.55 at any 5 poolar Circumstances at. 207-024-0.	,,,,	
Sponsor Signature					
Sponsor Signature Sponsor #3 Landings Number			date.	~	
Name			**Sign and date in Part D:	Certification	
NameBoat Reg. Or Doc. Number		 			
Boat Name			on back		
Declared Zone			/\	,	

Sponsors Signature_

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 15th, 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.

☐ Please check this box if your	an <u>electronic</u> funds transfer (EFT). r bank does NOT accept EFT transactions so f an EFT transaction gets rejected by your b		
Credit/debit card payments: I a VISA □ MasterCard □ Disc	uthorize the State of Maine, Department of over \square Debit card \square	Marine Resources, Licensing Division	ı, to charge my
First Name MUST BE AS IT APPEARS ON CA	Last Name RD – PLEASE PRINT LEGIBLY AS THIS M.	AY AFFECT PROCESSING OF APPLIC	CATIO N
Card No.	, CVV#	expiration date	
Signature of Cardholder:		Date:	

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