TRAP TAG REPLACEMENT CERTIFICATION

Mail-in ordering:	DEPARTMENT OF MARINE RESOURCES 21 STATE HOUSE STATION AUGUSTA ME 04333-0021 ATTN: LICENSING FAX# 207-624-6024	
THIS SECTION MUS	ST BE COMPLETED TO ORDER OR RECEIVE	TAGS:
Name:	Date of Birth	
Address	, City	, State Zip
Trap Tag Year MUST FILL IN TA	Lobster/Crab license number	Today's Date
PAYMENT N	MAY BE MADE BY CREDIT OR DEBIT CARI	D, CHECK OR MONEY ORDER ONLY
REQUIRE	LICENSE HOLDERS ONLY: <u>D QUESTIONS</u> : HOW MANY TAO REASON FOR LO <u>Keep in mind you can only get replaceme</u>	GS HAVE YOU LOST? OSS? ent tags in groups of 20.
	ar Replacement \Box or EEZ \Box tags. The $@75 \notin = $	
2 nd Zone Tag Regure replaced	llar Replacement tags. The cost will be 20 c $@ 20\phi = $	cents each. Number of 2^{nd} zone tags to be
	IAL LICENSE HOLDERS ONLY:	*************
more than 2 replace	nmercial replacement tags @ cement tags may be issued to noncommerc – you must request a catastrophic loss replace	cial license holders. If requesting more than
*****	*******	********
my knowledge and	ade by me in this trap tag Replacement/Ex l belief, and are subject to verification by t	
License's Holder S	Signature	
Credit \Box / Debit Licensing Division	□ Card Payment: I authorize the State of to charge my VISA□ MasterCard□ D	of Maine, Department of Marine Resources, Discover□
In the Amount of \$, expiration date	CVV#
Signature of Card	Holder (name must be <u>exactly</u> as it is on the	he card):

Checks should be made payable to Maine State Treasurer