

TRAP TAG EXCHANGE/REPLACEMENT CERTIFICATION

THREE LOCATIONS IN WHICH TO OBTAIN EXCHANGE OR REPLACEMENT TAGS ONLY.

DEPARTMENT OF MARINE RESOURCES
21 STATE HOUSE STATION
AUGUSTA ME 04333-0021
ATTN: LICENSING 624-6550
FAX# 207-624-6024

Marine Patrol – Division I
McKown Pt, P O Box 8
W. Boothbay Hbr, ME 04575
Phone# -633-9595
FAX#- 633-9579

Marine Patrol - Division II
22 Coaling Station Rd
Lamoine, ME 04605
Phone# 667-3373
FAX# 667-3972

THIS SECTION MUST BE COMPLETED TO ORDER OR RECEIVE TAGS:

Name: _____ Date of Birth _____

Address _____, City _____, State _____ Zip _____

Trap Tag Year _____ Lobster / Crab license number _____ Today's Date _____

COMMERCIAL LICENSE HOLDERS ONLY:

**REQUIRED QUESTIONS: HOW MANY TAGS HAVE YOU LOST? _____ .
REASON FOR LOSS? _____**

Keep in mind you can only get replacement tags in groups of 20.

- 1. **Check one - Regular Replacement** or **EEZ** tags . The cost will be 50 cents each. No. of Tags to be replaced _____ @ \$0.50¢= \$ _____
- 2. #'s issued _____

Check one - 2nd Zone Tag Regular Replacement or **2nd Zone EEZ** tags. The cost will be 10 cents each. Number of 2nd zone tags to be replaced _____ @ \$0.10¢=\$ _____
#'s issued _____

- 3. **Check one -Regular Exchange Tags** or **EEZ** tags. The cost will be 10 Cents for each. No. of tags to be replaced _____ @ \$0.10¢= \$ _____.
#'s issued _____

NONCOMMERCIAL LICENSE HOLDERS ONLY:

Number of **Noncommercial** replacement tags _____ @ 50 cents each= \$ _____ Total. **No more than 2 replacement tags may be issued to noncommercial license holders.** If requesting more than 2 replacement tags – you must request a catastrophic loss replacement.
#'s issued _____

The statements made by me in this trap tag Replacement/Exchange Certification are true to the best of my knowledge and belief, and are subject to verification by the Department of Marine Resources.

Date: _____

License's Holder Signature _____

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 _____

Signature of Card Holder _____

You may also mail this form directly to Headquarters in Augusta for Processing.
Checks should be made payable to Maine State Treasurer