

**2021 TRAP TAG REPLACEMENT CERTIFICATION**

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

**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 \_\_\_\_\_

***PAYMENT MAY BE MADE BY CREDIT OR DEBIT CARD, CHECK OR MONEY ORDER ONLY***

**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.**

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

**Check one - 2<sup>nd</sup> Zone Tag Regular Replacement**  or **2<sup>nd</sup> Zone EEZ**  tags. The cost will be 20 cents each. Number of 2<sup>nd</sup> zone tags to be replaced \_\_\_\_\_ @ 20¢=\$ \_\_\_\_\_  
#’s issued \_\_\_\_\_

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**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 \_\_\_\_\_

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**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**  / **Debit**  **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 \$ \_\_\_\_\_, expiration date \_\_\_\_\_ CVV# \_\_\_\_\_

**Signature of Card Holder (name must be exactly as it is on the card):**

\_\_\_\_\_

**Checks should be made payable to Maine State Treasurer**