2022 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 75 cents each. No. of Tags to
be replaced __________@75¢= $________________#’s issued________________________

Check one - 2nd Zone Tag Regular Replacement □ or 2nd Zone EEZ □ tags. The cost will be 20 cents
each. Number of 2nd zone tags to be replaced __________@ 20¢=$________________
#’s issued_____________________________________________________________________

NONCOMMERCIAL LICENSE HOLDERS ONLY:
Number of Noncommercial replacement tags __________@ .75 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 □ / 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