

TRAP TAG ORDER FORM

MUST SPECIFY TAG YEAR

Name: _____

Mailing Address: _____

Date of Birth: _____ Zone _____

TRAP TAG YEAR – REQUIRED _____

Number of tags ordered _____ at \$0.50 per tag = \$ _____

Regular _____

EEZ _____

If you hold a current license and are ordering additional tags --NOT REPLACEMENT TAGS, **you must return your current license with this order form.** A new license will be returned to you showing the new tag information.

Please make check payable to **MAINE STATE TREASURER.** Credit card payments may be made below. If you have questions, contact Licensing at 207-624-6550.

Return to: Licensing Division
Department of Marine Resources
21 State House Station
Augusta ME 04333-0021

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 _____

Signed by cardholder _____ date _____