

LOBSTER TRAP TAG ORDER FORM

Name: _____

Mailing Address: _____

Date of Birth: _____ Zone _____

TRAP TAG YEAR – REQUIRED _____

Number of tags ordered _____ at \$0.75 per tag = \$ _____

Second zone tags ordered _____ at \$0.20 per tag = \$ _____

Regular _____

EEZ _____

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, Option 2

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 _____