



Commonwealth of Massachusetts
Division of Marine Fisheries
Order form for: Lobster Trap Tags - 2009 Season

To process your order for tags, you **must** provide the following:

- ✓ **Completed official order form**
- ✓ **Photocopy of Massachusetts Commercial Lobster License (BOTH LEFT & RIGHT)**
- ✓ **Photocopy of valid current Federal Lobster Permit, if purchasing EEZ or MA/EEZ tags.**
- ✓ **Completed Tax Exemption Certificate from the state of Massachusetts (see reverse side)*****
- ✓ **Payment for tags in full (Orders received without payment in full will not be processed.) *If you are using a credit card, please be sure to sign in the signature line and note expiration date.***

Select the Type of Tag you are purchasing (select only one of the following):

Tag Type

- a. If you **only** hold a Massachusetts Coastal Lobster Permit..... MA
- b. If you hold a Massachusetts Coastal Lobster Permit **and** a Federal Lobster Permit..... MA/EEZ
- c. If you hold a Massachusetts Offshore Lobster Permit **and** a Federal Lobster Permit..... EEZ
- d. If you **only** fish in LMA-3..... EEZ

Indicate the number of tags you will be purchasing, and calculate your fee:

Tag Type	LMA	DMF PERMIT ID#	Federal Permit #	# of Tags (+ 10%)	Total	Cost	Total
						\$.16 ea	\$
Please note that you are using your 6-digit DMF Permit ID #						Please add 6.25% MA sales tax if not exempt***	
						ORDER TOTAL	
						\$	

*** Tax exempt orders received without a Tax Exemption certificate will be charged sales tax.

Check type of payment: * Certified Check or Money Order Visa Master Card American Express

*PERSONAL/COMPANY CHECKS AND CASH WILL NOT BE ACCEPTED

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Credit Card Number

--	--	--	--	--	--

Card Expiration (Mo/Yr Required)

SIGNATURE _____

PRINT NAME (as appears on credit card) _____

Last Name: _____

First Name: _____

SHIP TO (Street Address) _____

Telephone Number: (____) _____

REQUIRED FOR ORDER!

City: _____ MA Zip: _____

(Street address required for prompt delivery)

Please mail orders to:

Stoffel Seals Corp
 PO Box 825
 Nyack, NY 10960-0825

Or Fax to: 845.353.3876

Questions? Contact Jeanne at DMF (617) 626-1531 (jeanne.shaw@state.ma.us) before you mail your order form. Please allow 4-6 weeks for delivery.

(over)