Commonwealth of Massachusetts
Division of Marine Fisheries
Order form for: Lobster Trap Tags - 2012 Season

Paul J. Diodati
Director

Areas 1, 2, & 3: All 2012 trap tags must be attached to your gear by June 1, 2012. Please order by March to allow process and delivery time.
Area OCLMA: All 2012 trap tags must be attached to your gear by March 16, 2012. Please order by January to allow process and delivery time.

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

- **Completed official order form**
- **Photocopy of current Massachusetts Commercial Lobster License**
  - *****You do NOT need to renew your permit prior to ordering tags*****
- **Photocopy of current Federal Lobster Permit, if purchasing EEZ or MA/EEZ tags.**
- **Completed Tax Exemption Certificate from the state of Massachusetts** (see reverse side).
  - ****Tax exempt orders received without a Tax Exemption certificate will be charged sales tax.***
- **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 on 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 add 6.25% MA sales tax if not exempt*	$
ORDER TOTAL	$

*You can order up to 10% over max trap/allocation to cover gear loss.

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 (MM/YY)**

_____ _____
Signature **Print Name** (as appears on credit card)

Shipping Address (Street Address required for prompt delivery):

_____ _____
Last Name **First Name**

_____
Street Address

_____MA_____
City **Zip Code**

(_____) _____
Telephone Number (Required For Order)

Questions? Contact Kerry at DMF (617) 626-1633 (kerry.allard@state.ma.us) before you mail your order form.

Please allow 6-8 weeks for delivery.

Please mail or fax orders to:
Stoffel Seals Corp
PO Box 825
Nyack, NY 10960-0825
Fax *(845)353-3876 (When sending fax include cover page attention: Karin Ryan)*
Questions? *Email Karin at (Karin.Ryan@tydenbrooks.com)*

(OVER)