

# New Hampshire

## Commercial Order Form for Trap Tags – 2024/2025 Season

**Instructions:** In order to process your order for tags, you MUST provide the following:

1. Completed order form. Trap tags will not be issued without a 2024 NH lobster license and/or valid NOAA Fisheries Permit for the 2024 fishing year. You do not need to send a copy with your application.
2. If you FAX or EMAIL the order form, you MUST pay by Visa or Master Card. Fax # 845-290-0676  
Email: traptag@cambridgeseals.com
3. If you mail the order form, you can pay with Visa, MasterCard, certified check or money order. Personal checks and business checks will not be accepted. Payment must be made in full. An order received without payment in full will not be processed.

Order delivery time will vary upon receipt of order form. Allow up to 8-10 weeks.

| Fishing Area/<br>Tag Type     | License/Permit<br>Number | *LMA(s) | Quantity | Price per Tag | Total     |
|-------------------------------|--------------------------|---------|----------|---------------|-----------|
| NH Waters Only<br>NH 24       |                          | 1       |          | \$ .19 each   | \$        |
| *NH + EEZ Waters<br>NH EEZ 24 |                          |         |          | \$ .19 each   | \$        |
| EEZ Waters Only<br>EEZ 24     |                          |         |          | \$ .19 each   | \$        |
| <b>ORDER TOTAL</b>            |                          |         |          |               | <b>\$</b> |

\* NH EEZ 24 and EEZ 24 tags are for New Hampshire Residents that qualify to fish in both State and Federal waters or just Federal waters. **YOU MUST DESIGNATE ALL MANAGEMENT AREAS YOU INTEND TO FISH FOR THIS TYPE TAG** (e.g., 1,2,3, etc.).

Please check appropriate method of payment:

**Certified Check or Money Order**       **Credit Card**   
 (Personal checks, business checks and cash will NOT be accepted)

**Credit Card Number**

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SECURITY CODE

EXPIRATION DATE    
MONTH/YEAR

BILLING ZIP CODE

PRINT NAME ON CREDIT CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, N.H. Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
**REQUIRED FOR ORDER!**

**Street address required for delivery!**

**Please mail orders to:**  
**Cambridge Security Seals**  
**One Cambridge Plaza**  
**Ponoma, NY 10970**

STATE USE ONLY (Sign approval of catastrophic replacement)

**Delivery Schedule**

|                     |          |
|---------------------|----------|
| Orders received by: | Ship By: |
| Orders received by: | Ship By: |
| Orders received by: | Ship By: |