

STATE OF NEW HAMPSHIRE
FISH AND GAME DEPARTMENT

SURPLUS LOSS TRAP TAGS

AFFIDAVIT

This signed and notarized affidavit is submitted to indicate the qualified Lobster and Crab commercial license holder or New Hampshire resident holding a federal lobster trap permit fishing in Lobster Conservation Management Areas (LCMA) 1 and 3 have experienced trap loss equal to or less than 10% of the trap allocation based on license or permit allocations and requesting surplus loss trap tags of actual trap loss. Recreational Lobster and Crab license holder may receive up to 2 surplus loss trap tags based on actual trap loss.

- **Commercial license holders** - can receive surplus loss trap tags equal to or less than the 10% surplus allocation based on actual trap loss. A Commercial Surplus Loss Trap Tag Order Form must have been submitted to the authorized vendor where surplus loss trap tags were mailed to and held at the NH Fish and Game Department, Region 3, 225 Main Street, Durham, NH 03824.
- **Recreational license holders** - can receive surplus loss trap tags based on actual trap loss and not to exceed 2 surplus loss trap tags; available at NHFG's Licensing Office, 11 Hazen Drive, Concord, NH 03301.

Last Name Suffix First Name MI

Mailing Address City ST Zip

(____)_____ ____/____/_____
Phone Number (cell or home) Date of Birth

Trap tag type (check all that apply): EEZ ____ NHEEZ ____ NH ____ NC (recreational) ____

_____ _____
License # # of traps lost

Commercial license holders - I swear that I experienced trap loss and am requesting surplus loss trap tags equal to or less than the 10% surplus allocation based on actual trap loss. I further swear all statements on this document are true. Supplying false information on this document will result in revocation of surplus loss trap tag issuance.

Recreational license holders - I swear that I experienced trap loss and am requesting surplus loss trap tags not to exceed 2 surplus loss trap tags based on actual trap loss. I further swear all statements on this document are true. Supplying false information on this document will result in revocation of surplus loss trap tag issuance.

Signature Date

Notary Public:
State of New Hampshire
County of _____

Signed or attested before me on ____ day of _____ by _____ (name(s) of person(s)).

Notary Public, State of New Hampshire (Signature of notarial officer)

My commission expires _____ (RSA 456-B:8, IV)

For Department Use Only

Received by

Date

Type (EEZ, EEZ/NH, NH, etc.)

Number issued
(based on traps lost)

List Trap Tag numbers:
