

# New Hampshire

## Order Form for Trap Tags – 2012/2013 Season

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

1. Completed order form. ONE (1) photocopy of your NH Lobster License and/or NMFS Permit. Trap tags will not be issued without a 2012 NH license and/or valid NMFS Permit for the 2012 season.
2. If you FAX the order form, you MUST pay by Visa or Master Card. Fax # **845-353-3876**
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 weeks.

Fishing Area/ Tag Type	License/Permit Number	*LMA(s)	Quantity	Price per Tag	Total
NH Waters Only NH 12		1		\$.16 each	\$
*NH + EEZ Waters NH EEZ 12				\$.16 each	\$
EEZ Waters Only EEZ 12				\$.16 each	\$
<b>ORDER TOTAL</b>					<b>\$</b>

\* NH EEZ 12 and EEZ 12 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 (i.e., 1,2,3, etc.).**

Please check appropriate method of payment:

**Certified Check or Money Order**      
 **Visa**      
 **MasterCard**

**(Personal checks, business checks and cash will NOT be accepted!!)**

**Credit Card Number**

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<b>EXPIRATION DATE</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			<b>SIGNATURE</b> _____	<b>PRINT NAME</b> (as appearing on credit card) _____

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

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

Street Address 1: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

**REQUIRED FOR ORDER!**

Street Address 2: \_\_\_\_\_

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

**Street address required for delivery!**

**Please mail all orders to:**  
**Stoffel Seals Corp.**  
**P.O. Box 825-Dept. 3**  
**Nyack, NY 10960-0825**

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: