



RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF MARINE FISHERIES
Three Fort Wetherill Road
Jamestown, Rhode Island 02835

2023 Lobster Trap Tag Order Form

1. 2022 lobster trap tags remain valid through May 31, 2023. 2023 tags must be affixed to traps beginning June 1, 2023.
2. Tags are ordered through an outside vendor, Cambridge Security Seals. Send the order form directly to CSS at the address provided below. **Order early! Allow for ten (10) weeks processing time to receive your tags after the order is received.**
3. **IMPORTANT! YOU MUST RENEW YOUR LICENSE PRIOR TO ORDERING YOUR TAGS!** Please note that the new licensing system in effect for 2023 eliminates the Commercial Fishing License (CFL) and Principal Effort License (PEL) license types. Upon renewal of your license, a new “Standard” (RSTND) license with corresponding new license number will be assigned that will replace the CFL or PEL license and number. **DO NOT USE YOUR PREVIOUS CFL/PEL LICENSE NUMBER WHEN ORDERING TAGS.** Inaccurate order forms will delay your order processing time! Please note that Multipurpose (MPURP) licenses are unaffected.
4. TRAP TAG ORDER:
 - **Original Trap Tags:** The number of original tags ordered may be in any amount not to exceed the license holders authorized allocation, plus an additional 10% over the authorized allocation to be used only in the event of routine gear or original tag loss.
 - **Gear Rotation Trap Tags:** Gear rotation (GR) tags should only be ordered if the maximum number of original tags are ordered. Gear rotation (GR) trap tags may be ordered in any amount may not exceed the licensee’s authorized allocation (i.e., may not include the 10% for routine loss). GR tags ordered will be sent directly to DMF and will be issued on a one-for-one (1-for-1) exchange basis upon receipt of the original tag from the license holder.
 - **Catastrophic Tags:** Catastrophic tags may not be pre-ordered; please contact the Division to make of claim of catastrophic loss and order tags.
5. **Send completed order form directly to Cambridge Security Seals at:**

Cambridge Security Seals
One Cambridge Plaza
Pomona, New York 10970
ATTN: RI Lobster Trap Tag Order
Email: traptag@cambridgeseals.com
Fax: 845-290-0676

6. For changes to information or questions regarding allocation or regulations, contact Peter Duhamel at DEM Marine Fisheries at (401) 423-1927 or peter.duhamel@dem.ri.gov. For questions regarding order processing, contact Cambridge Security Seals at traptag@cambridgeseals.com or 845-520-4111.

2023 RHODE ISLAND LOBSTER TRAP TAG ORDER FORM

Name of license/permit holder: _____

Mailing Address *(please print clearly - tags will be sent to this address)*:

Street: _____

City/Town: _____ State: _____ Zip: _____

Telephone/email: _____

Vessel Name: _____

Identify State or Federal vessel (select either state or federal vessel, not both):

State vessels (RI state waters): Provide 6-digit commercial fishing license type and number *(please print clearly - this number will be on the tags)*:

Multipurpose (MPURP) or Resident Standard (RSTND) _____
(circle one) *(provide 6 digit #)*

Federally permitted vessels (LCMAs 1, 2 and/or 3):

- Provide the 6-digit Federal Lobster Permit Number *(please print clearly - this number will be on your tags)*:

- Provide the Lobster Management Conservation Areas Declared *(please circle clearly – the LCMA # will be on the tags)*:
Area 1 / Area 2 / Area 3

Order information:

TRAP TAG TYPE	NUMBER OF TAGS ORDERED	PRICE	TOTAL COST
Original*		\$ 0.18/tag	\$
Gear Rotation*		\$ 0.18/tag	\$
7% RI SALES TAX (if applicable)			\$
ORDER TOTAL			\$

*** Contact DEM Marine Fisheries if you are unsure of the number of tags. Inaccurate order forms will delay delivery!**

Payment Information: Only certified checks, money orders, and credit cards will be accepted as payment; **personal or business checks will not be accepted. Make out to “Cambridge Security Seals”.** *Please print clearly*

- Name on Card: _____
- Card number: _____ - _____ - _____ Security code/CVC: _____
- Expiration date (month/year): _____ / _____ Billing zip code: _____

Signature: _____