



STATE OF MAINE
DEPARTMENT OF MARINE RESOURCES
21 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0021

JANET T. MILLS
GOVERNOR

PATRICK C. KELIHER
COMMISSIONER

SWANS ISLAND LOBSTER CONSERVATION AREA

ANNUAL APPLICATION FOR CERTIFICATE OF REGISTRATION

**PLEASE RETURN THIS FORM WITH YOUR LOBSTER/CRAB APPLICATION.
THIS APPLICATION EXPIRES AT THE END OF THE CALENDAR YEAR**

**I HEREBY APPLY FOR A CERTIFICATE OF REGISTRATION TO FISH FOR
LOBSTERS IN THE SWANS ISLAND CONSERVATION AREA FOR THE YEAR**

1. Registrant _____
Name of individual person ONLY
2. Mailing Address _____
3. Town _____ County _____
4. State _____ Zip Code _____
5. Boat Number _____
Documentation or Maine registration
6. Boat Name (if Documented) _____
7. Registrants Lobster License Number _____
8. Is a sternman to be used? If so, for what period of the year _____
Start date End date

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE

DATE

SIGNATURE OF REGISTRANT