|  |  |
| --- | --- |
| Aroostook Band of Micmacs  7 Northern Road  Presque Isle, ME 04769  207-764-1972 | APPLICATION  LOBSTER FISHING LICENSE |

# Band Card No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## APPLICANT INFOMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | **Last** | **First** | **M.I.** |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | **Street Address** | **Apartment/Unit #** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **City** | **State** | **ZIP Code** |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Maine Driver’s License No: \_\_ |  | Social Security No.: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you a Tribal Member of the Aroostook Band of Micmac? | YES | NO | If no, you are not eligible for a Lobster  License with the Aroostook Band of Micmacs. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you had a Lobster License from the Aroostook Band of Micmacs? | YES | NO | If yes, when? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| If asked, can you provide a copy of your boat registration and any certification /trainings that would be required as explained in the ABM Fisheries Management Plan? | YES | NO | There is no zone set for our Lobster License. If there is a   \_\_\_\_\_\_\_ zone you would like, please write on line below. .  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## PERSONAL INFORMATION

|  |  |  |
| --- | --- | --- |
| Gender: |  | Hair Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eye Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Height: |  | Weight: |  |  |  |  | Date of Birth: |  |

## LICENSING SIGNATURE/ INFORMATIION

ALL APPLICANTS MUST FOLLOW ALL STATE LAWS. THE AROOSTOOK BAND OF MICMACS WILL NOT TAKE ANY RESPONSIBILITY IF APPLICANT DOESN’T FOLLOW ALL LAWS AND REGULATION SET FORTH BY THE STATE OF MAINE AND THE ABM FISHERIES MANAGEMENT PLAN.

|  |  |  |
| --- | --- | --- |
| Applicants Signature: |  | Applicant Printed Name: |
| Officials Signature: |  | Printed Name of Official: |  |
|  |  | | |
|  |  |
| License Type: |  | License No: |  |
| Tag No: |  | Date Issued: |  |
| Date Expires: |  | | |
|  |  |  |  |