

OFFICE USE ONLY				
Tags Issued (Date):				
Serial Number Range:				

## **Commercial Tautog Tag Request Form**Rev 3/2024

## Submit by mail or e-mail to:

CT DEEP Marine Fisheries Program PO Box 719 Old Lyme, CT 06371-0719

Date

DEEP.Marine.Fisheries@ct.gov

Signed (Applicant)

CONTACT INFORMATION:				
First Name:	MI:	Last Name:		
Conservation ID:	CT Com	mercial Plate Number:	Birth Date:	
Resident Address:	Mailing	Mailing Address (if Different):		
Email:	Cell Pho	ne Number:	Home Phone Number:	
PROGRAM DETAILS:				
Form' is required by year-end or prior to	nmercial Fisheries Catcl o requesting additiona	h Logs' or Federal Trip I tags.	Reports, a 'Tautog Tagging Program Report	
Tautog Tags Quantity Requested			ur.	
Additional Tautog tags* Quantity Re			/L	
An applicator is required for proper and National Band & Tag Company: https://w	d successful tagging. Apwww.nationalband.com/vgs, we request the maj	pplicators can be purc wp-content/uploads/202 ority of all previously r	1/01/ASMFC-NBT-681S-MOD-Tautog-Form.pdf eceived tag information be reported to the	
, , - ,	nspect the catch, nets, callops to determine co vritten false statement	traps, and other device ompliance with Title 26		