



**Maine Department of Inland Fisheries and Wildlife**  
**353 Water Street, 41 SHS, Augusta, ME 04333**  
**Phone 207-287-5215 / Fax 207-287-9037**

## LAKE AND RIVER PROTECTION STICKER ORDER FORM

To obtain Lake and River Protection stickers the same day, please visit our main office, or one of the MOSES Agent Locations listed at (<https://www.maine.gov/ifw/fishing-boating/boating/protection-sticker-agents.html>).

To order Lake and River Protection stickers from the MDIFW headquarters, you may submit this order form via Mail, email, or fax using the information below. Please plan for two weeks processing time to receive your stickers if submitting the form by email and 30 days if submitting by mail. Once your transaction is processed, you will receive a confirmation email which you should keep with you until your stickers arrive in the mail. Once your stickers arrive, they should be affixed to your vessel.

Name: \_\_\_\_\_  
First Last MI

Business Name, if applicable: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/Road or Box # City or Town State Zip Code

Email Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

If purchasing these for an event, please complete the following fields.

Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Event Location: \_\_\_\_\_

If you want sticker(s) mailed somewhere other than the Mailing address listed above, please complete line below.

Ship to Address: \_\_\_\_\_  
Street/Road or Box # City or Town State Zip Code

**Number of Stickers Requested \_\_\_\_\_ at \$60\* each (\*\$59 plus \$1 agent fee). Total Amount Due \$ \_\_\_\_\_**

### MAIL, EMAIL, OR FAX APPLICATION WITH THE APPROPRIATE FEE:

Make check payable to: Treasurer, State of Maine

**Maine Department of Inland Fisheries and Wildlife**  
**Lake and River Protection Sticker Order**  
353 Water Street, SHS 41  
Augusta, ME 04333

Fax: 207-287-9037

Email: Use subject Line – "Lake and River Protection Sticker Order"

[MOSES.support@maine.gov](mailto:MOSES.support@maine.gov)

### CREDIT CARD PAYMENT All Major Credit Cards Accepted

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

If more space is needed to answer any questions, please use back of form.

**For immediate assistance with your order, please call 207-287-5215.**

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*This section for Department Staff Use only*

Sticker Number(s): \_\_\_\_\_