

AGRICULTURAL COMMISSIONER

APIARY REGISTRATION

NAME: _____

ADDRESS _____

COUNTY _____ DATE _____

CITY _____ STATE _____ ZIP _____

BRAND # _____

Please check here and return if you no longer have bees in the County.

Bees sold to: _____

LOCATION OF COLONIES IN THIS COUNTY

# Colonies	Sec	T	R	Describe location (roads, canals, landmarks, etc.) including distances, ¼ section, etc.

ATTACH ADDITIONAL LIST IF NECESSARY

REQUEST FOR PESTICIDE NOTIFICATION

I hereby request to be notified before pesticide applications as provided for in Section 29101 of the California Food and Agricultural Code and Title 3 California Code of Regulations (CCR) Section 6654.

As required by Section 6652 of the CCR, I am available for notification during the two-hour time period from _____ AM/PM to _____ AM/PM everyday by collect call to the following phone number(s):
() _____ or () _____.

I understand that if I fail to submit my request for pesticide notification to the Agricultural Commissioner **IN WRITING** within the 72-hour period before relocating, I may not be entitled to recover damages for any injury from pest control operations. I also will not recover damages if I fail to properly post an identification sign at my apiaries or am not available for notification at the hours I have designated above. I understand that this "REQUEST FOR NOTIFICATION" will expire next December 31st.

DATE _____

SIGNATURE _____
BEEKEEPER

DATE RECEIVED _____

SIGNATURE _____
AGRICULTURAL COMMISSIONER/REPRESENTATIVE