

2016 ANNUAL APIARY REGISTRATION

In accordance with Section 29043 of the California Food and Agricultural Code, you are required to register your apiary with the Agricultural Commissioner of the county in which your bees are kept. Persons registering their apiary for 2016 must do so before December 31, 2015, or when your apiary first enters the county. Migratory beekeepers should list months of activity in the county. **A \$10.00 fee will be required per owner at the time of registration.**

Owner Information

Name		Brand No.:	
Address		City	State Zip Code
Telephone Number	Fax Number	E-mail Address	

I no longer have bees in the county. Please give explanation _____

I sold my bees. Please give new owner information:
 Name: _____
 Address: _____
 Telephone: _____

Colony Location Please include location details for urban or rural sites. *Urban sites: Full Address or Parcel Number.*
Rural sites: Location with short description and GPS Coordinates (e.g.-LaTuna Cnyn Rd & 210 Fwy, Los Angeles, 34.2345,-118.3053).

# of Colonies	Location of Apiaries in this County -Address/Description with GPS Coordinates	Months on Site

Crop Reporting Statistics Please report honey, wax, and pollination figures for 2015 from LA County only.

Crop	Quantity (Lb)	Price per Lb	Comments
Honey			
Wax			
Number of Colonies		Price per Colony	Comments
Pollination for Hire			

A fee of \$10.00 is required per owner at the time of registration.
Make check or money order payable to "L.A. County Agricultural Commissioner." Mail completed application and fee to:

Los Angeles County Department of
 Agricultural Commissioner/ Weights & Measures
 12300 Lower Azusa Road, Arcadia, CA 91006-5872

(PG 1 OF 2-OVER)

<i>For County Use Only</i>
DR#:
Fee \$:
Date Received

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 Administrative Code Section 6654.

I am available for notification during a two-hour time period, (*indicate hours here*) _____ to _____, Monday through Friday by collect call to the following phone numbers:

Telephone Number #1	() -
Telephone Number #2	() -

I understand that if I fail to submit my request for pesticide notification to the Agricultural Commissioner **by mail 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 and phone numbers I have designated above. I understand that this "REQUEST FOR NOTIFICATION" will expire December 31, 2016.

Beekeeper Signature

Date

Agricultural Commissioner/Representative

Date

Date Received: _____

MY CONTACT INFORMATION AVAILABLE FOR PUBLIC USE – LIVE BEE REMOVAL LISTING

I am licensed to do Structural Bee Removal. License Number: _____

Geographic Area Served: _____

I Currently Perform Only Live Bee Removal.

Geographic Area Served: _____

Please indicate what is done with the captured swarms here. _____
