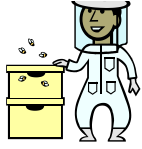


PLUMAS-SIERRA COUNTY

DEPARTMENT OF AGRICULTURE
 208 Fairgrounds Road, Quincy, CA 95971
 (530) 283-6365 FAX (530) 283-4210



APIARY REGISTRATION/REQUEST FOR PESTICIDE NOTIFICATION

California Food and Agricultural Code Section 29040 requires you to register your apiaries January 1 of each year. A completed registration form is required before your bees and sites can be registered and your Request for Pesticide Notification can be honored. **Current apiary registration information must be provided to our office each year.** Please complete, sign, and date this registration form and send it to the address above.

- HOBBYIST:** Hobbyists with nine or fewer hives.
- BEE SWARM LIST:** If you would like your name placed on the Plumas-Sierra County Bee Swarm List, please check this box. We will remove your name from the list at your request.
- No longer own bees**

(Please Print or Type)

NAME:	PHONE:	CELL PHONE:
DBA:	FAX:	
STREET ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
E-MAIL:		

REQUEST FOR PESTICIDE NOTIFICATION

I hereby request to be notified before the application of restricted pesticides known to be harmful to honey bees as provided for in Section 29101 of the California Food and Agricultural Code and Section 6652 of the California Code of Regulations.

Phone Number(s) _____ Contact Name: _____

Indicate the **two-hour** time period **BETWEEN 7 A.M. and 6 P.M.** that you are available for notification

EACH DAY OF THE WEEK: From _____ A.M./P.M. To _____ A.M./P.M

FEES – Annual registration fee **None** **Receipt#** **N/A**

I understand that if I fail to register my bees and sites with the Plumas-Sierra County Department of Agriculture, or fail to submit proper Movement Notices **IN WRITING TO THIS OFFICE** within the 72-hour period before relocating, I shall 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 at the end of each calendar year.

DATE _____ SIGNATURE _____

BEEKEEPER

DATE DOCUMENTED _____ SIGNATURE _____

AGRICULTURAL COMMISSIONER OR REPRESENTATIVE

Beekeeper # assigned by Dept of Agriculture _____

# of Hives at location	Latitude	Longitude	Physical description of site location using roads, landmarks, giving direction, distance, and side of road

For the sake of your bees and your neighbors, please assure that each location has a source of water that will not dry out and a food source.

Please identify your hives according to Food and Agriculture Code 29046

- (a) No person shall maintain an apiary on premises other than that of his or her residence unless the apiary is identified as follows:
 - (1) By a sign that is prominently displayed on the entrance side of the apiary or stenciled on the hive, that states in dark letters not less than one inch in height on a background of contrasting color, the name of the owner or person responsible for the apiary, his or her address and telephone number, or if he or she has no telephone, a statement to that effect.

Brand: (if applicable) _____