



APIARY REGISTRATION _____
 Year

Please complete and mail registration form to 2156 Sierra Way, Suite A, San Luis Obispo, CA 93405, along with a check for \$10.00 made out to "Agricultural Commissioner".

Name of Beekeeper: _____

Address: _____
Street City State Zip Code

Email address: _____

Please check here and return if you no longer have bees in this county.

Bees sold to: _____

Address City State Zip Code Phone No.

Number of Colonies	Please describe the location so it can be plotted on a map. Use roads, addresses, waterways, intersections, landmarks, and directions (N, S, E, W) to indicate the exact location.	Section, Township, Range

REQUEST FOR PESTICIDE APPLICATION NOTIFICATION

I request to be notified prior to a pesticide application which could be hazardous to bees per Sections 29100 – 29103 of the California Food and Agriculture Code (FAC) and Section 6654 of the California Code of Regulations (CCR).

I can be reached the following ways (include days and times if applicable): _____

FAC Section 29040 requires the registration of apiaries located within the state on the first day of January of each year. I understand if I fail to comply with FAC Sections 29070 (Notification requirements), 29043 (Registration requirements) and 29046 (Apiary identification requirements), I am not entitled to recover damages for any loss incurred from pest control operations (as per FAC Section 29047). **This Request for Pesticide Application Notification expires December 31 of the current year.**

Beekeeper: _____ Date: _____
Print Name Signature

Ag. Comm. Rep: _____ Date: _____
Print Name Signature