DEPARTMENT OF AGRICULTURE
& WEIGHTS AND MEASURES

Milton O'Haire
Agricultural Commissioner/
Sealer of Weights and Measures

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2020 APIARY REGISTRATION

Please Print:
(Registration can be completed online at **BeeWhere.calagpermits.org**)

Date: _____

Apiary Name: _____ Beekeepers Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ Phone: (_____)_____-_____

Email: _____Cell: (_____)_____-_____

DATE OF REMOVAL (if applicable): _____

If the date of removal must be extended, please contact the Stanislaus County Agricultural Commissioner. Otherwise, it will be assumed that hives have been removed as of the above date and notification (if requested) will cease.

No. of Colonies	REQUIRED			Provide a MAP (if possible) and WRITTEN DESCRIPTION (e.g. Address, Crossroads, and/or GPS points) for each apiary location
	Section	Township	Range	

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3800 Cornucopia Way, Suite B, Modesto, California 95358
Phone: 209.525.4730 Fax: 209.525.4790

No. of Colonies	REQUIRED			Provide a MAP (if possible) and WRITTEN DESCRIPTION (e.g. Address, Crossroads, and/or GPS points) for each apiary location
	Section	Township	Range	

PESTICIDE NOTIFICATION REQUEST

Please check one of the following:

☐ I **DO NOT** wish to be notified of pesticide applications toxic to bees to a blossoming plant within one mile of the apiaries listed.

☐ I request that I be notified, in advance, of the intent to apply any pesticides toxic to bees to a blossoming plant within one mile of the apiaries listed. This request is being made pursuant to California Code regulations, Section 6652 (a). The notification shall comply with California Code of Regulations, Section 6654 (a) & (b).

*Please notify the Stanislaus County Agricultural Commissioner, in **writing**, if hives are relocated within the county.*

I, _____, am available for notification during the time period from _____AM / PM to ____ AM / PM each day, (must be at least a two-hour time period between 6 AM and 8 PM), at the following phone number(s):

(_____)_____-_____ (_____)_____-_____

_____ _____

SIGNATURE DATE