

YOLO COUNTY DEPARTMENT OF AGRICULTURE

70 COTTONWOOD ST, WOODLAND, CA 95695

530-666-8140

PLEASE PRINT **APIARY REGISTRATION $10.00**

|  |  |
| --- | --- |
| NAME |  |
| ADDRESS | COUNTY | DATE |
| CITY ZIP | BRAND NO. | PHONE |

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

Bees sold to:

***LOCATION OF APIARIES IN THIS COUNTY ON JANUARY 1***

|  |  |
| --- | --- |
| NUMBER OF COLONIES | Describe location so it can be placed on County map using roads, canals, intersections, land-marks, and ranch names, giving direction, distance, and side of road; or show Quarter Section, Section, Township & Range. **ALSO INCLUDE A MAP FOR ACCURATE LOCATION OF HIVES.** |
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ATTATCH ADDITIONAL LIST IF NEEDED **REQUEST FOR PESTICIDE NOTIFICATION**

I hereby request to be notified before pesticide applications as provided for in Section 29101 of the California Food and Agriculture Code and Title 3 California Administrative Code Section 6654.

I am available for notification each day during a two-hour period between 6:00 a.m. and 8:00 p.m. My two-hour notification period is from to .

My phone number/s is/are: ( ) or ( ) .

I understand that if I fail to submit my request for pesticide notification to the Agricultural Commissioner IN WRITING within 72 hours after relocation, I may not be entitled to recover damages if I fail to properly post an identification sign at my apiaries or am not available for notification during the time period I have designated above. I understand that this "REQUEST FOR NOTIFICATION" will expire on December 31st of the year for which I am registering.

SIGNATURE DATE

 Beekeeper

SIGNATURE DATE

Agricultural Commissioner/Representative

|  |
| --- |
| **OFFICE USE ONLY** |
| Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sales Receipt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Entered by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Entered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |