



**APIARY COLONY STRENGTH INSPECTION
 20__ REQUEST / CERTIFICATE**

Requestor: _____ Phone: _____ Phone: _____ Cert No. _____
 Bill To: _____ Address: _____ City: _____ State: _____ Zip: _____
 Beekeeper: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Location of Colonies: _____ No. of Colonies: _____

I request that the above listed colonies be inspected for strength as indicated below and hereby agree to pay the cost of the inspection at the time the certificate is issued. Inspection costs will be based upon the established hourly/mileage rates for the San Joaquin County Agricultural Commissioner's Office.

 Signature of Requestor Date

CERTIFICATE OF COLONY STRENGTH

Note: A 15 colony sample is required for each 100 colonies certified for almond pollination. Inspection for colony strength shall be made at a time when outside temperature is 60 degrees Fahrenheit or above, or when the majority of the colonies in the apiary have bee flight. Inspections are performed in order received.

Date of Inspection: _____
 Start Time: _____; End Time: _____
 Printed Name(s) of Inspecting Agricultural Biologist(s):

I, the undersigned Biologist, certify that the above described honeybee colonies were inspected on _____

Number of Colonies with Listed Frames of Bees:

Temperature at the time of inspection: _____ F.

1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

Total hour(s) _____ x _____ Biologist(s)
 At \$109.10 per hour plus mileage/per
 Biologist=\$ _____

Remarks:

Signed: _____ Date _____
 Agricultural Biologist

#Less than one frame alive:	
Total colonies found:	
Total colonies Inspected:	
Average # frames/ colony	