



SAN JOAQUIN COUNTY APIARY REGISTRATION AND PESTICIDE NOTIFICATION INFORMATION

APIARY REGISTRATION

The California Food and Agricultural Code (CFAC) section 29040 states, "Every person that is the owner or is in possession of an apiary which is located within the state, on the first day of January of each year, shall register the number of colonies in each apiary which is owned by the person and the location of each apiary. Every person required to register under this article, shall do so on the first day of January of each year in which they maintain, possess, or are in possession of an apiary, or within 30 days thereafter..."

Registration of an apiary shall be filed with the commissioner of the county in which the apiary is located as outlined in CFAC section 29043.

A registration form is attached; the registration fee is \$10.00, payable to your home county. Mail completed forms and fee to San Joaquin County Agricultural Commissioner, 2101 E. Earhart Ave, Suite 100, Stockton, CA 95206-3924. If you have already paid an apiary registration fee in another California county, you do not need to pay the registration fee again; but you must provide proof of registration payment.

PESTICIDE NOTIFICATION

The California Code of Regulations (CCR), section 6652 states "Each beekeeper who desires advance notice of applications of pesticides shall inform the commissioner of a two-hour period between 6AM and 8PM each day, during which time the beekeeper shall be available for contact, at the beekeepers expense, to receive advance notice from persons intending to apply pesticide(s).

Beekeepers wanting notification shall complete the [Request for Pesticide Notification](#) portion of the Registration Form. Beekeepers will not be entitled to notification until this form is completed and processed by the commissioner's office.

The request for notification shall expire on December 31 each year.

Questions should be directed to Gabriel Chan at (209) 953-6000.



ANNUAL APIARY REGISTRATION FORM

YEAR OF REGISTRATION: 20
(Expires December 31st of the year of registration)

Name:		Business Name:		Brand Number(s):	
Address:			City:	State:	ZIP:
Telephone (Primary):	Telephone (Mobile):	Email Address:			
*Date Bees <u>MOVED INTO</u> County:			*Date Bees will be <u>REMOVED FROM</u> County:		

**PLEASE IDENTIFY WHEN BEES WILL BE PLACED AND REMOVED IF BEES WILL BE IN COUNTY FOR A LIMITED TIME.*

REGISTRATION STATUS

(CHECK ONE BOX)

- Annual registration fee of \$10.00 paid to San Joaquin County (Home/Primary County)
- Annual registration fee of \$10.00 paid to _____ County (attach verification of payment)

LOCATION OF APIARIES IN SAN JOAQUIN COUNTY

(CHECK ONE BOX)

- All Apiary Locations and Related Information are provided and current in Bee Where (<https://beewherecalifornia.com/>). This is the most preferred and recommended method.
- All Apiary Locations and Related Information are attached and provided on the "Apiary Location List Supplemental" Form with Corresponding Maps. All information will be input into Bee Where.

PESTICIDE NOTIFICATION

CHECK ONLY IF APPLICABLE:

- I DO NOT WANT TO BE NOTIFIED BEFORE APPLICATIONS ARE MADE OF PESTICIDES KNOWN TO BE HARMFUL TO BEES.

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 between 6:00 a.m. and 8:00 p.m.; during the two-hour notification period from _____ a.m / p.m to _____ a.m / p.m. I prefer to be notified by phone, text, and/or Email at: _____ . I understand that I may be contacted by phone, text or email based on all of the information I have provided above.

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

Beekeeper Name

Beekeeper Signature

Date

For Office Use Only:

☑ COPY TO ACCOUNTING

DATE RECEIVED: _____ TYPE OF PAYMENT: _____ CLERICAL INITIALS: _____



REGISTERED IN OTHER CALIFORNIA COUNTY: _____ BeeWhere ID No.: _____

APIARY LOCATION LIST SUPPLEMENTAL

YEAR OF REGISTRATION: 20_____
(Expires December 31st of the year of registration)

Name: _____ **Business Name:** _____ **Date:** _____

Apiary Location List Supplemental _____ of _____ pages.

All information provided will be input into Bee Where, which requires that apiary locations are input into a Geographical Information System (GIS) web-based database. All location information is held confidential and only contact information is provided to pesticide applicators for the purposes of pesticide notification.

It is preferred and recommended that apiaries and their corresponding numbers of colonies (hives) are input and updated by registrants into Bee Where (<https://beewherecalifornia.com/>). Department staff are available if you need assistance or have questions in setting up an account or inputting location information into Bee Where.

If you do not wish to set up your account and input your apiaries into Bee Where, please complete the below information for all apiary locations and attach a clear and accurate map, preferably computer generated (i.e. Google Maps), for each apiary. If submitting a hand drawn map, please provide the direction and approximate distances of hives to related landmarks. Please ensure that all related roads, canals, landmarks, ranches, etc. are clearly labeled. If a map is not clear and accurate enough to be input into Bee Where, the registrant will be contacted to assist Department staff in ensuring the location is properly documented.

LOCATION OF APIARIES IN SAN JOAQUIN COUNTY
(PLEASE ATTACH MAPS FOR EACH SITE.)

Location Number or ID	Number of Colonies (Hives)	GPS Coordinates	Nearest City	Location Description (ADDRESS or APN – <i>preferred</i> or location information such as crossroads, landmarks, canals, ranch names, etc.)	Map Attached/ Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

APIARY REGISTRATION



APIARY LOCATION MAP

Name: _____ **Business Name:** _____ **Date:** _____

Please attach either a computer-generated map (preferred) or draw a map using this form for each apiary location which corresponds to its location/ID number in the Apiary Location List Supplemental Form. If you have more than one apiary location and wish to hand-draw a map using this form, please make enough blank copies to draw a map for each location. When drawing maps, please ensure that all roads and landmarks are clearly labeled and distance from hives is accurate. Indicate which direction is north by placing an arrow in the circle. This map will be used by our staff to input into Bee Where and therefore must be legible and easy to read. If a map is not clear and accurate enough to be input into Bee Where, the registrant will be contacted to assist Department staff in ensuring the location is properly documented.

Location Number or ID (must correlate to “Apiary List Supplemental Form”): _____

