



### 2019 APIARY REGISTRATION

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: **SAN JOAQUIN** DATE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ BRAND: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

DATE APIARIES ARE LOCATED IN THIS COUNTY: \_\_\_\_\_

DATE BEES WILL MOVE OUT OF THIS COUNTY: \_\_\_\_\_

NUMBER OF COLONIES	Describe location so it can be plotted on county map using roads, canal, intersections, giving direction, distance and side of road or show Quarter Section, Township and Range or GPS coordinates. <b>Please include map and physical address</b>	District (for county use only)

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 are made as provided for in section 29101 of the California Food and Agricultural Code and Title 3 California Code of Regulations section 6654.

I am available for notification during the two-hour time period from \_\_\_\_\_ to \_\_\_\_\_

each day by collect call to the following number(s): \_\_\_\_\_ or \_\_\_\_\_.

I understand that if I fail to submit my request for pesticide notification to the Agricultural Commissioner **IN WRITING** within the 72-hour period before relocating, and if I fail to properly post an identification sign at my apiaries or am not available for notification at the hours I have designated above, I may not be entitled to recover damages. I understand that this "REQUEST FOR NOTIFICATION" will expire December 31 of this registration year.

DATE \_\_\_\_\_ SIGNATURE OF BEEKEEPER \_\_\_\_\_

For Office Use Only:  
DATE RECEIVED \_\_\_\_\_ CLERICAL INITIALS \_\_\_\_\_

TYPE OF PAYMENT \_\_\_\_\_ REGISTERED IN OTHER CALIFORNIA COUNTY \_\_\_\_\_

COPY TO ACCTG

