



COUNTY OF SISKIYOU

Department of Agriculture

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Tulelake Branch Office, PO Box 444, Tulelake, CA 96134-0444, (530) 667-5310

JAMES E. SMITH

AGRICULTURAL COMMISSIONER
WEIGHTS AND MEASURES

AIR POLLUTION CONTROL OFFICER
ANIMAL CONTROL OFFICER



20__ APIARY REGISTRATION/REQUEST FOR PESTICIDE NOTIFICATION

California Food and Agricultural Code Section 29040 requires that you register your apiaries January 1st of each year. A completed registration form and \$10 fee are required before your bees can be registered and your Request for Pesticide Notification can be honored. **Current apiary location information must be provided to our office each year.** Please complete, sign, and date this registration form and send it to the address above along with your \$10 check made payable to Siskiyou County Department of Agriculture. Your canceled check is your receipt. Do not send cash. Please check one or more of the following:

- HOBBYIST:** Homeowner/Landowner with 9 hives or less.
- COMMERCIAL:** Entity with 10 or more hives.
- BEE SWARM LIST:** If you would like your name placed on the Siskiyou County Bee Swarm List. We will remove your name from the list at your request.

(Please Print or Type)

NAME:	PHONE:	CELL PHONE:
DBA:	FAX:	
STREET ADDRESS:	E-MAIL ADDRESS:	
CITY:	STATE:	ZIP:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

PLEASE CHECK HERE AND RETURN IF YOU NO LONGER HAVE BEES IN SISKIYOU COUNTY.

LOCATION OF APIARIES IN SISKIYOU COUNTY ON JANUARY 1, 20__ (continued on reverse)

Number of Colonies	Nearest Town or District	Physical Description	Ranch Name	LEGAL DESCRIPTION (Required)			
				1/4 Section	Section	Township	Range

REQUEST FOR PESTICIDE NOTIFICATION

I hereby request notification before the application of pesticides known to be harmful to honey bees as provided for in Section 29101 of the California Food and Agricultural Code and Section 6652 of the California Code of Regulations.

Phone Numbers(s) _____

Please do NOT notify me of pesticide applications.

Indicate the **two-hour** time period **BETWEEN 6 A.M. and 8 P.M.** that you are available for notification **EACH DAY OF THE WEEK:**

From _____ A.M./P.M. To _____ A.M./P.M

I understand that if I fail to register my bees with the Siskiyou County Department of Agriculture, or fail to submit proper Movement Notices **IN WRITING TO THIS OFFICE** within the 72-hour period before relocating, I shall not be entitled to recover damages for any injury from pest control operations. I also will not recover damages 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 understand that this "REQUEST FOR NOTIFICATION" will expire December 31, 20__.

DATE _____

SIGNATURE _____
BEEKEEPER

DATE DOCUMENTED _____

SIGNATURE _____
AGRICULTURAL COMMISSIONER OR REPRESENTATIVE

