



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY
AGRICULTURAL COMMISSIONER**

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Sean Powers
Community Development Agency Director

Chris De Nijs
Agricultural Commissioner

APIARY REGISTRATION FORM AND REQUEST FOR PESTICIDE NOTIFICATION

California Food and Agricultural Code (FAC) Section 29040 requires registration of your colonies within 30 days of the new calendar year, or no more than 30 days after arriving in the state. A completed registration form, *including current apiary location(s)*, and \$10 fee are required before your bees can be registered and the Request for Pesticide Notification can be honored. Checks are payable to Nevada County Department of Agriculture.

Please check all that apply:

HOBBYIST: 9 hives or less, not in the business of beekeeping for profit, fee waived

COMMERCIAL

POLLINATION: Any site used specifically for crop pollination

NUC REARING

NAME:	PHONE:	CELL PHONE:
DBA:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

Hive Markings All hives are required to be marked with the owner name and contact phone number. Any apiary maintained at a location other than the beekeepers own residence must be identified by a sign that is prominently displayed on the entrance side of the apiary or stenciled on the hive and shall include the name of the beekeeper address and telephone number. (FAC 29046).

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.

Notify me of pesticide applications pursuant to California Food and Agriculture Code, phone:

I understand that if I fail to register my bees with the Nevada County Department of Agriculture, or fail to submit proper Movement Notices in writing to this office within the 72-hour period after 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 phone number designated above. I understand that this registration and request for notification will expire December 31 of each calendar year.

DATE:	SIGNATURE:
	Beekeeper
DATE RECEIVED:	SIGNATURE:
	Agricultural Commissioner/Representative

Indicate apiary locations on back of form.

APIARY LOCATIONS

Site Type H/C/P/N	# of Hives	GPS Location Required		Ranch Name/ Land Owner	Location Description Required Address, APN, crossroads, landmarks, etc.
		Latitude	Longitude		