



COUNTY OF TEHAMA

Department of Agriculture

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YEAR _____ APIARY REGISTRATION REQUEST FOR PESTICIDE NOTIFICATION

NAME: _____ PHONE: _____

DBA: _____ CELL PHONE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ REQUIRED HIVE MARKINGS: _____

Please check if your address has changed.

Please check and return if you no longer have bees in the County.

Bees sold to: _____
(Name, Address, City, State, Zip and Phone number)

Please check if you are a hobbyist beekeeper (less than 10 hives) in the County.

_____ \$10 registration fee due _____ Fee waived, just regular hives

Please check if are no longer in the beekeeping business.

Bees sold to: _____
(Name, Address, City, State, Zip and Phone number)

Please check if we may include you in our honeybee swarm pick up referral list.

Cities where you can pick up swarms: _____

LIST APIARY LOCATIONS ON THE REVERSE SIDE OF THIS FORM

California Food and Agriculture Code Section 29040 requires that you register your colonies January 1 of each year. If your colonies arrive after January 31 through December 31, Section 29042 requires that you register your colonies moved into the state within 30 days. A completed registration form and \$10 fee are required before your bees can be registered and the Request for Pesticide Notification 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 listed along with your \$10 check made payable to **Tehama** County Department of Agriculture. Your canceled check is your receipt. Do not send cash.

PESTICIDE NOTIFICATION

I hereby request to be notified before pesticide application as provided in Section 29101 the California Food and Agriculture Code and Title 3 California Code of Regulation Section 6652.

I am available for notification during the two-hour time period from _____ to _____ Monday through Friday at the following phone number(s) _____
 Or email: _____

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, I may 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 the "Request for notification" will expire on December 31.

I do not wish to be notified of pesticide applications on nearby sites.

APIARY LOCATIONS as of January 1st (Please attach map for each location)

# of hives	Location Name	Description of Location <small>*Use address, landmarks or cross streets for Identification</small>	GPS Coordinate (dd)*

*** Each beekeeper shall report to the commissioner of the county in which the beekeeper's apiary is located, on a form approved by the secretary, each location of apiaries for which notification of pesticide usage is sought. Each request shall be mailed within 72 hours before locating an apiary, where feasible, but in no event later than 72 hours after locating an apiary. The beekeeper shall not be entitled to notification until receipt and processing of the report is made by the commissioner. However, the commissioner may provide notice earlier if practicable.**

Date: _____ Signature: _____
Beekeeper

Date Received: _____ Signature: _____
 Agricultural Commissioner/Representative