

**Agricultural Commissioner
County of Napa**

APIARY REGISTRATION

Please Print

NAME:	
ADDRESS	
CITY/STATE:	ZIP:

COUNTY:	DATE:
BRAND NO:	PHONE:

Please check here and return if you no longer have bees in this county.

Bees sold to: _____

LOCATION OF APIARIES IN THIS COUNTY ON JANUARY 1, _____

# of colonies	Please describe location so it can be plotted on a county map. Use roads, waterways, intersections, landmarks, ranch or vineyard names, directions (N, S, E, or W) distances, indicate which side of road, etc.	Section, Township, Range

Attach additional list if needed

REQUEST FOR PESTICIDE NOTIFICATION

I hear by request to be notified before pesticide applications as provided for in Section 29101 of the California Food and Agricultural Code and Title 3 California Administration Code Section 6654.

I am available for notification during the two hour time period from _____ to _____ seven days a week, by telephone call to the following phone numbers:

() _____ 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, 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 this "REQUEST FOR NOTIFICATION" will expire December 31, _____

DATE _____ SIGNATURE _____
BEEKEEPER

DATE RECEIVED _____ SIGNATURE _____
AGRICULTURAL COMMISSIONER/REPRESENTATIVE