



DEPARTMENT OF AGRICULTURE

David A. Robinson
 Agricultural Commissioner
 Director of Weights and Measures

2139 Wardrobe Avenue
 Merced, CA 95341-6445
 Phone (209) 385-7431
 Fax (209) 725-3536
 Los Banos Office (209) 827-2030
www.co.merced.ca.us

Equal Opportunity Employer

APIARY REGISTRATION 2019

BUSINESS NAME	Brand No.
NAME	Email:
Address	Phone No. ()
City	State Zip

- No bees in Merced County this year.
- No longer in business.
- Bees sold to: _____

Location of apiaries in Merced County

NUMBER OF COLONIES	DESCRIBE LOCATION SO IT CAN BE PLOTTED ON A COUNTY MAP USING: ROADS, CANALS, INTERSECTIONS; GIVING DIRECTION, DISTANCE, AND SIDE OF ROAD.	SECTION	TOWNSHIP	RANGE	QTR. SEC.

These are the apiary locations I occupy on January 1st or upon arrival in Merced County from out of state. **I have enclosed a check for \$10 made out to Merced County for the annual registration fee.**

Signature _____ Date _____

YES **NO** I request to be notified before application of pesticides known to be harmful to honeybees.

PLEASE SEE REVERSE SIDE FOR →
"REQUEST FOR PESTICIDE NOTIFICATION"

REQUEST FOR PESTICIDE NOTIFICATION

I hereby request to be notified before application of pesticides known to be harmful to honeybees, for the locations listed on the reverse side of this document, as provided for in the California Food and Agriculture Code, Section 29101 and Title 3 of the California Code of Regulations, Sections 6652 and 6644.

I understand that I must be available for notifications for two hours each day between 6:00 a.m. and 8:00 p.m.

I will be available during the two-hour time period from _____ to: _____ by collect calls to the following number(s):

(_____) _____

(_____) _____

Request for notification will be submitted in writing 72 hours prior to relocating. If I fail to submit a request, properly post an identification sign at my apiaries or I am not available during the specified time period I may not be entitled to recover damages and my request for notification may be canceled.

I understand this request will expire on December 31st, 2019.

Date: _____ Signature _____

Date Received: _____ Signature _____

Agricultural Commissioner/Representative

- I do not keep my bees in Merced County all year. I do not want pesticide notification after this date: _____**
 - My bees will remain in Merced County all year.**

APIARY REGISTRATION 2019

SUPPLEMENTAL PAGE

PAGE ____ OF ____

NAME	BUSINESS NAME
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Number of Colonies	DESCRIBE LOCATION SO IT CAN BE PLOTTED ON A COUNTY MAP USING: ROADS, CANALS, INTERSECTIONS; GIVING DIRECTION, DISTANCE, AND SIDE OF ROAD.	SECTION	TOWNSHIP	RANGE	QTR. SEC.

Signature _____ Date _____

PLEASE SEE PAGE ONE FOR "REQUEST FOR PESTICIDE NOTIFICATION"