

**Agricultural Commissioner /
Weights and Measures**



Divisions

Juli D. Jensen,
Agricultural Commissioner
Sealer of Weights and Measures

Agriculture
Weights and Measures

County of Sacramento

_____ **APIARY REGISTRATION - \$10.00**
(Registration Year)

NAME <small>Please Print</small>	EMAIL ADDRESS	
ADDRESS	COUNTY	DATE
CITY/ZIP	BRAND NO.	PHONE

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

Bees sold to: _____

LOCATION OF APIARIES IN THIS COUNTY ON JANUARY 1st

Number of Colonies	Describe location so it can be plotted on county map using roads, canals, intersections, landmarks, and ranch names, giving direction, distance, and side of road; or show Quarter Section, Sec., Twn. & Range.

ATTACH ADDITIONAL LIST IF NEEDED

REQUEST FOR PESTICIDE NOTIFICATION

I hereby request to be notified before pesticide applications as provided for in Section 29101 of the California Food and Agriculture Code and Title 3 California Administrative Code Section 6654.

I am available for notification during the two-hour time period from _____ to _____ Monday through Friday by collect call to the following phone number(s): () _____ 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 this December 31.

DATE: _____ SIGNATURE _____

Beekeeper

DATE RECEIVED: _____ SIGNATURE _____

Agricultural Commissioner/Representative



Agricultural Department Annual Beekeeper Best Management Practices Checklist

(Applies to All Locations)

Best Management Practices Checklist:



Registration*: Are each of your bee locations registered with the Agricultural Commissioner's Office for this calendar year? (FAC §29040)

YES _____ NO _____



Water Supply*: Is a fresh, adequate water source available or provided for your hives at all locations, at all times? YES _____ NO _____



Fire Prevention: Are you practicing weed suppression, have shovel, operable water supply or fire extinguisher available at all times to suppress fire near your hives, in case of emergency? YES _____ NO _____



Regular Hive Check: Are you regularly opening your hives to check for the presence of the known queen, health of your hive, and/or prevention of apiary pests/diseases? YES _____ NO _____



Identification Information on Hive: Do you have contact information (name and phone number) on your hives if located on a site not resided by you?

YES _____ NO _____



Flyover Barrier*: If your hives are located on a residential or commercial zone district, have you surrounded your hives with a six foot flyover barrier?

YES _____ NO _____



Neighbor's Use of Property*: As the hive owner, I will ensure that the honey bees from my apiary are NOT entering adjacent properties in an amount to create interference of neighbors and their pets in outdoor activities and the normal use and maintenance of their property. **Registrant's Initials** _____

As a beekeeper, I hereby certify the foregoing to be true and correct.

Name and/or Company Name _____

Beekeeper Signature _____ Date _____

Agricultural Biologist Signature _____ Date _____

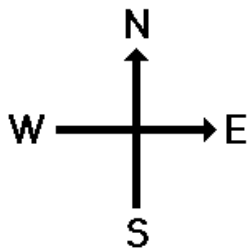
Address: _____
APN: _____
Lat/Long: _____

Plot Plan



Include location of:

1. Buildings
2. Hives
3. Permanent water supply
4. Flyover barriers
5. Sensitive sites
6. Street names & Roads

A large, empty rectangular box with a blue border, intended for drawing the plot plan.