

AGRICULTURAL COMMISSIONER'S OFFICE AND SEALER OF WEIGHTS & MEASURES

Milton O'Haire

Agricultural Commissioner/Sealer

3800 Cornucopia Way, Suite B Modesto, California 95358 Phone: 209.525.4730 Fax: 209.525.4790

2018 APIARY REGISTRATION

| Please Print: | | |
|-----------------------|---|--|
| Date: | | |
| Apiary Name: | | |
| Beekeeper Na | me: | |
| Brand (if applic | cable): | |
| Mailing addres | s: | |
| City/State/Zip: | | |
| Telephone: | | |
| Number of Colonies | Describe location so it can be placed on county map using roads, canals, intersections, and landmarks, giving direction, distance, and side of the road. Provide a map, GPS point, and/or Section, Township and Range if known. | |
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| Number of | Describe leastion (one directions on preceding page) |
|---------------------------|---|
| Colonies | Describe location (see directions on preceding page) |
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| DATE OF REMOV | AL FROM STANISLAUS COUNTY: |
| Agricultural Comr | moval must be extended, please contact the Stanislaus County missioner. Otherwise it will be assumed that hives have been above date and notification (if requested) will cease. |
| PESTICIDE NOTI | FICATION REQUEST |
| Please check one | e of the following: |
| | ance notice of pesticide applications toxic to bees to a blossoming ne mile of the apiaries listed. |
| to bees to a is being mad | t I be notified, in advance, of the intent to apply any pesticides toxic blossoming plant within one mile of the apiaries listed. This request de pursuant to California Code regulations, Section 6652 (a). The hall comply with California Code of Regulations, Section 6654 (a) & |
| | is requested, complete contact information below. Please notify the county Agricultural Commissioner if hives are relocated within the |
| CONTACT N | NAME |
| () | () ALTERNATE PHONE |
| PHONE | () ALTERNATE PHONE |
| AVAILABLE | _AM/PM toAM/PM |
| | |
| SIG | GNATURE DATE |