SHASTA COUNTY DEPARTMENT OF AGRICULTURE
3179 Bechelli Lane, Suite 210, Redding, CA 96002
(530) 224-4949 FAX (530) 224-4951

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2023 APIARY REGISTRATION/REQUEST FOR PESTICIDE NOTIFICATION

California Food and Agricultural Code Section 29040 requires you to register your apiaries January 1 of each year. A completed registration form and appropriate fee are required before your bees and sites can be registered and your Request for Pesticide Notification can be honored. ***Current apiary registration information must be provided to our office each year.*** Please complete, sign, and date this registration form, complete the site registration on the backside and send it to the address above, along with your check made payable to Shasta County Department of Agriculture. Your canceled check is your receipt. Do not send cash.

Please see "Apiary Registration Fee Suspension" advisory (attached). There will not be a registration fee collected for 2023. All Nucleus site registrations fees will continue in 2023.

NAME:	PHONE:	CELL PHONE:
DBA:	EMAIL:	FAX:
STREET ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

(Please Print or Type)

☐ **HOBBYIST**: Hobbyists with nine or fewer hives **must** register but are not required to pay the $10 annual registration fee.

☐ **BEE SWARM LIST**: If you would like your name placed on the Shasta County Bee Swarm List, please check this box. We will remove your name from the list at your request.

☐ **PLEASE CHECK HERE AND RETURN IF YOU NO LONGER HAVE BEES IN SHASTA COUNTY.**

Bees sold to: _____

☐ **REQUEST FOR PESTICIDE NOTIFICATION :** I hereby request to be notified before the application of restricted pesticides known to be harmful to honey bees as provided for in Section 29101 of the California Food and Agricultural Code and Section 6652 of the California Code of Regulations. This Notification will expire on December 31, 2023.

The **two-hour** time period **BETWEEN 6 A.M. and 8 P.M**. that you are available for notification **EACH DAY OF THE WEEK:**

From _____ ☐ ☐ **A.M./P.M.** **To** _____ ☐ ☐ **A.M./P.M**

Phone Number _____

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FEES

Nucleus site registration fee (***if applicable***) ……Number of sites listed _____ sites x **$** 11.00 = **$** 0.00

TOTAL FEE $ 0.00

I understand that if I fail to register my bees and nucleus sites with the Shasta County Department of Agriculture, or fail to submit proper Movement Notices IN WRITING TO THIS OFFICE within the 72-hour period before relocating, they will be deemed a public nuisance and I shall 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.

DATE _____ SIGNATURE _____
BEEKEEPER

DATE DOCUMENTED _____ SIGNATURE _____
AGRICULTURAL COMMISSIONER OR REPRESENTATIVE

2023 APIARY LOCATIONS IN SHASTA COUNTY

Beekeeper Name_____

Number of Colonies	Pesticide Notification Y or N	Nucleus Yard Y or N	Physical Description	GPS Coordinates Degree decimals
75	**Y**	**N**	**Ag Department Yard, 3179 Bechelli Ln Redding EXAMPLE**	**N 40.56082 W -122.36195**
				N W
				N W
				N W
				N W
				N W
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