

SHASTA COUNTY DEPARTMENT OF AGRICULTURE

3179 Bechelli Lane, Suite 210, Redding, CA 96002

(530) 224-4949 FAX (530) 224-4951

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 (shown below) are required before your bees and sites can be registered and your Request for Pesticide Notification can be honored. Annual Registration can be completed in either of the two ways listed below:

1. **Online via <https://beewhere.calagpermits.org/> (Registration can be completed online however, the online payment portal has not been setup. Once the online payment portal is complete, you will be notified to log into your account and pay online.)**
2. **Complete, sign, and date this registration form, along with the site registration on the backside and send it to the address above. Once payments are allowed by the state, you will be notified on how to submit your payment.**

Nucleus Site Registration participants will still need to submit this form like they have always done in the past to register their "NUC YARDS". Nucleus yard registration fees will be paid to the Shasta County Department of Agriculture for all nucleus yards registered within the County.

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 currently not required to pay a annual registration fee.
- BEE SWARM LIST:** If you would like your name placed on the Shasta County Bee Swarm List, please check this box.
- 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, _____.

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

Annual Registration Fees - Submitted directly to California Department of Food and Agriculture (CDFA):

1-9 Colonies - **\$0.00** 10- 50 Colonies - **\$100.00** 51+ Colonies - **\$250.00**

TOTAL ANNUAL CDFA REGISTRATION FEE (Paid to CDFA) \$ _____

Nucleus site registration fee (if applicable)Number of sites listed _____ sites x \$ _____ = \$ _____

TOTAL SHASTA COUNTY NUCLEUS REGISTRATION FEE (Paid to Shasta County) \$ _____

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

