



COUNTY OF SISKIYOU

Department of Agriculture

525 SOUTH FOOTHILL DRIVE • YREKA, CALIFORNIA 96097-3036 • (530) 841-4025 • FAX (530) 842-6690
Tulelake Branch Office, PO Box 444, Tulelake, CA 96134-0444, (530) 667-5310

JAMES E. SMITH

AGRICULTURAL COMMISSIONER
WEIGHTS AND MEASURES

AIR POLLUTION CONTROL OFFICER
ANIMAL CONTROL OFFICER



20 APIARY REGISTRATION/REQUEST FOR PESTICIDE NOTIFICATION



Siskiyou County Ordinance Sec.4-6.18 requires that you register your apiaries in January of each year by paying a registration fee of \$10. A site fee of \$20 is also required for each apiary site located within the borders of Siskiyou County. Pollination, hobbyist and landowner apiaries are exempt from the site fee. Fees must be paid before your bees can be registered and your request for pesticide notification can be honored. **Current apiary location information must be provided to our office each year.** Please complete, sign, and date this registration form and send it to the address above along with the appropriate payment made payable to Siskiyou County Department of Agriculture. Your canceled check is your receipt. Do not send cash. Please check one or more of the following:

- HOBBYIST:** Entity with 9 hives or less
- LANDOWNER:** Apiaries reside on your private land
- COMMERCIAL:** Entity with 10 or more hives
- POLLINATION:** Any site used specifically for crop pollination
- BEE SWARM LIST:** If you would like your name placed on the Siskiyou County Bee Swarm List. We will remove your name from the list at your request.

NAME:	PHONE:	CELL PHONE:
DBA:	FAX:	
STREET ADDRESS:		E-MAIL ADDRESS:
CITY:	STATE:	ZIP:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

LOCATION OF APIARIES IN SISKIYOU COUNTY ON JANUARY 1st: Indicate any Pollination or Landowner sites with a "P" or "L"

Site Type (P/L)	# of Hives	Nearest Town or District	PHYSICAL DESCRIPTION (Required) <small>Location address, landmarks, crossroads etc ...</small>	Ranch Name/ Land Owner	GPS LOCATION (Required) <small>Latitude, Longitude</small>	LEGAL DESCRIPTION (Required)			
						1/4 Sec	Sec	Twp	Rng

(Continued on Reverse)

REQUEST FOR PESTICIDE NOTIFICATION

I hereby request notification before the application of 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.

Phone Numbers(s) _____

Please do NOT notify me of pesticide applications.

Indicate 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

I understand that if I fail to register my bees with the Siskiyou County Department of Agriculture, or fail to submit proper Movement Notices IN WRITING TO THIS OFFICE within the 72-hour period before relocating, 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. I understand that this "REQUEST FOR NOTIFICATION" will expire December 31 of each calendar year.

DATE _____

SIGNATURE _____
BEEKEEPER

DATE DOCUMENTED _____

SIGNATURE _____
AGRICULTURAL COMMISSIONER OR REPRESENTATIVE

