



OFFICE OF THE
AGRICULTURAL COMMISSIONER

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WEIGHTS & MEASURES OFFICE
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JOHN SNYDER
Agricultural Commissioner
Sealer of Weights & Measures

APIARY REGISTRATION

Year: **2010**

Name:	
Address:	
City/St/Zip:	
Phone No:	
Brand No:	

# of Colonies	Attach a map describing each location

Attach additional lists if needed.

REQUEST FOR PESTICIDE NOTIFICATION

Year: **2010**

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

I am available for notification during the two hour time period (6am to 8 pm) every day:
from _____ to _____ by collect call to the following phone number(s):
Phone #1 _____ Phone #2 _____

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 will also 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. I understand that this request will expire on December 31st.

Date Beekeeper Signature Printed Name

Date Received Agricultural Commissioner / Representative Signature Printed Name