

# AGRICULTURAL COMMISSIONER

## County of Santa Clara

Please Print:

NAME
ADDRESS
CITY <span style="float: right;">ZIP</span>

### APIARY REGISTRATION

COUNTY	DATE
BRAND NO.	PHONE

Please check here and return if you no longer have bees in the County of Santa Clara.

Bees sold to: \_\_\_\_\_

#### LOCATION OF APIARIES IN THIS COUNTY ON JANUARY 1<sup>st</sup>

Number of Colonies	Describe location so it can be plotted on county map using roads, canals, intersection landmarks, and ranch names, giving directions, distance, and side of road; or show Quarter Section, Sec., T-p. & Range.

ATTACH ADDITIONAL LIST IF NEEDED

### REQUEST FOR PESTICIDE NOTIFICATION

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

I am available for notification during the two-hour time period from \_\_\_\_\_ to \_\_\_\_\_, Monday through Friday, by collect call to the following phone number(s): \_\_\_\_\_ or \_\_\_\_\_.

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 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 next December 31<sup>st</sup>.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**Agricultural Commissioner/Representative**