COUNTY OF SAN BENITO

KAREN OVERSTREET
AGRICULTURAL COMMISSIONER and SEALER OF WEIGHTS & MEASURES
3224 Southside Road * P O Box 699 * Hollister * CA 95024-0699 * Telephone (831) 637-5344 * Fax (831) 637-9015

Please Print

Name	
Address	
City	

APIARY REGISTRATION

County		Date	
Brand No.		Phone	

☐ Please check here and return if you no longer have bees in **San Benito County**.

Bees Sold to: _____

Location of apiaries in this county on January 1

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

Attach Additional List if Needed

Submitt $10 annual registration fee. Made payble to San Benito County Ag Department

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 Commission 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.

Date _____ Signature _____
Beekeeper

Date received: _____ Signature _____
Agricultural Commissioner/Representative