AGRICULTURAL COMMISSIONER
County of Santa Clara

Please Print:

NAME	
ADDRESS	
CITY	ZIP

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 1st

Number of Colonies	Describe location so it can be plotted on county map using roads, canals, intersections, landmarks, and ranch names, giving directions, distance, and side of food; 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 31st.

DATE_____ SIGNATURE _____

DATE RECEIVED_____ SIGNATURE _____

Agricultural Commissioner/Representative