Agricultural Commissioner's Office
Weights & Measures ■ County of Santa Barbara

263 Camino del Remedio, Santa Barbara 93110
Phone (805) 681 - 5600 | Fax (805) 681 – 5603
apiary@agcommissioner.com

624 W. Foster Road, Santa Maria 93455
Phone (805) 934-6200 | Fax (805) 934-6202

APIARY REGISTRATION

Company Name:		
Owner's Name:		
Address:		**Phone #:**
City:	**State** CA **Zip**	**Brand #:**
Email Address:		

☐ Please check here and return if you no longer have bees in the County.
Bees sold to: _____

LOCATION OF APIARIES IN THIS COUNTY

Number of Colonies	Describe location so it can be plotted on a map. For urban sites please include full address. For rural locations, please include a description or map. Please include GPS Coordinates, if known.

ATTACH ADDITIONAL SHEET 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 Agricultural Code and Title 3, of the California Code of Regulations, Sections 6654 and 6652.

I am available for notification by (check one): ☐ Email or ☐ Telephone during the two-hour time period from _____ to _____ each day at 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 on December 31 of this year.

Date:_____ Signature:_____
Beekeeper

Date Received:_____ Signature:_____
Agricultural Commissioner/Representative