



# County of San Diego

**HA DANG**  
AGRICULTURAL COMMISSIONER/  
SEALER OF WEIGHTS & MEASURES

DEPARTMENT OF AGRICULTURE WEIGHTS AND MEASURES  
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**MĒGAN MOORE**  
ASSISTANT DIRECTOR

## San Diego County Apiary Registration

Please complete and return this form. Registration fee for more than ten hives is \$10.00.

Name  Date  Phone

Address  City/State  Zip Code

County  Email

Please check here and return if you no longer have bees in San Diego County. { }

### LOCATION OF APIARIES MOST COMMONLY USED (attach additional sheets if necessary)

Apiary	No. Colonies	Nearest Town or Community	Thomas Bros. Map Coordinates	Describe location using roads, intersections, giving directions, side of road, section, township & range

NOTE: ANY TREATMENT FOR BEES IN A STRUCTURE WHICH INVOLVES THE USE OF ANY PESTICIDE MUST BE APPLIED BY A PROPERLY LICENSED PEST CONTROL OPERATOR.

### 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 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. Also, I will not recover damages if I fail to properly post an identification sign at my apiaries or if I am not available for notification at the hours I have designated above. I understand that this "Request for Notification" will expire December 31 of the current year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Agricultural Commissioner Rep. \_\_\_\_\_ Date Received \_\_\_\_\_