



County of San Diego

HA DANG
AGRICULTURAL COMMISSIONER/
SEALER OF WEIGHTS & MEASURES

DEPARTMENT OF AGRICULTURE, WEIGHTS AND MEASURES
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MĒGAN MOORE
ASST. AGRICULTURAL COMMISSIONER/
SEALER OF WEIGHTS & MEASURES

San Diego County Apiary Registration

Please complete and return this form. Registration fee for ten or more 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 City or Community	Thomas Bros. Map Coordinates	Physical Address; Describe location using roads, intersections, giving directions, side of road, section, township & range
EXAMPLE 1	2	San Diego - Kearny Mesa	1229 E7 OR GPS 32.835346, -117.128367	9325 Hazard Way San Diego back parking lot OR 285 ft W of Ruffin Rd, 300 ft S of Hazard Way in parking lot

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 at my expense 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.

Beekeeper's Signature _____ Date _____

Name & Signature of AWM Rep. _____ Date Received _____