



County of San Diego

HA DANG
AGRICULTURAL COMMISSIONER/
SEALER OF WEIGHT AND MEASURES

Department of Agriculture, Weights and Measures
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MÉGAN MOORE
ASST. AGRICULTURAL COMMISSIONER/
SEALER OF WEIGHTS AND MEASURES

2020 Apiary Registration and Beekeeper Notification Form

Please enter contact information here:

Business Name:	
Contact Name:	
Mailing Address:	
City/State:	
Zip Code:	
Email Address:	
Phone number:	

To register your beehives, please complete the upper section of this form. To request notification of pesticide applications please complete the lower section. California Food and Agriculture Code sections 29000 et seq. establish regulations for apiaries that are enforced by the Director of the State Department of Agriculture and county commissioners. Apiaries are also regulated under San Diego County Code of Regulatory Ordinances, Title 6 and Division 2, Chapter 9 on Bees.

APIARY REGISTRATION SECTION

To register, mail your completed form to the Agricultural Commissioner's office at above address. If you have **10 or more hives**, please enclose **fee of \$10.00**. Registration expires on December 31st of each year and is due during the month of January of each year. Please refer to California Food and Agricultural Code Sections 29101, 29040, 29070.

Please check here if you no longer have bees in San Diego County

Please list the number of colonies in each apiary and the location of each apiary.

No. Colonies	Nearest Community	Thomas Bros. Map Page or GPS Coordinates	Give physical address, location description to the nearest landmarks, side of road, position	In use <input type="checkbox"/>

REQUEST FOR NOTIFICATION SECTION

Beekeepers may request to be notified when pesticides labeled toxic to bees are applied within one mile of a registered apiary at least 48 hours in advance as provided by Title 3 of California Code of Regulations Section 6654 and California Food and Agriculture Code Section 29101. Please indicate phone number(s) and at least a two-hour time frame during which you and/or an official alternate contact can be reached by pesticide applicator.

Phone Number(s)	Timeframe (minimum 2 hrs/day)	Contact Person

Please sign to indicate you have read and understood the following: I request to be notified and will be available at my expense at the phone number(s) and notification time frame indicated above. I understand that if I fail to submit my request for pesticide notification with accurate locations of apiaries in writing 72-hours before requesting notification, 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 EXPIRES with my Registration on December 31st of this year.

Signature

Date

AWM Representative

Date