

Mariposa County

Department of Agriculture &
Weights and Measures

Monica Nielsen
Agricultural Commissioner & Sealer of
Weights and Measures



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Apiary Registration Request for Pesticide Information

Business Name		Registration Year	Registration Fee
			\$ 10.00
Beekeeper's Name		Phone Number	
Email		Cell Phone Number	
Business Address	City	State	Zip
Mailing Address	City	State	Zip
Required Hive Markings			Total Number of Hives

Check all below that apply.

- I am a hobbyist beekeeper with less than 10 hives in the county
- My bees came in from out of state What State _____ Date Arrived _____
- I have sold my bees and they were sold to: (Name, Address, City, State, Zip, & Phone Number)

- I will not have bees in Mariposa County this year.
- I no longer have bees, Please remove me from your mailing list
- I will pick up honeybee swarms.

❖ California Food and Agricultural Code Section 29040 requires that you register your colonies January 1 of each year. If your colonies arrive after January 1, California Food and Agricultural Code Section 29042 requires that you register your colonies within 30 days of arriving in the state.

❖ I understand that if I fail to submit my request for pesticide notification to the Agricultural Commissioner **IN WRITING** within the 72-hour period prior to 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 December 31

❖ I certify all the information provided is correct and current. I have completed Pesticide Notification on back and registration fees for the Request for Pesticide Notification to be honored.

Beekeeper's Signature	Date
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Make Checks Payable to: Mariposa County Treasurer

Pesticide Notification

I **do not** wish to be notified of pesticide application on nearby sites

I understand that by signing; I do not wish to be notified of pesticide applications on nearby sites, I may not be entitled to recover damages for any injury from pest control operations.

Beekeeper's Signature

Date

I **want** to be notified of any pesticide applications on nearby sites

I hereby request to be notified before pesticide applications as provided in Section 29101 the California Food and Agriculture Code and Title 3 California Code of Regulation Section 6652.

I am available for notification during the two-hour time period from _____ to _____

Monday through Friday by collect call to the following telephone number(s)

Cell Phone

Other

Beekeeper's Signature

Date

Apiary Locations as of January 1st

Must attach a map for each location

No. of Colonies	Legal Description <i>Required</i>				Location Description Address, GPS coordinates Location Information such as cross roads, landmarks, canals, ranch name, how far off the road, etc.
	1/4 Section	Section	Township	Range	

DEPARTMENT OF AGRICULTURE USE ONLY

Dept of Ag Staff

Date

Received By

Received Date

Receipt Number

Sites Mapped

Mapped By