North Carolina Department of Agriculture and Consumer Services

Apiary Registration Form* 2015

For notification of intent to spray by aerial applications when pesticide carrying warning of toxicity to bees on label is to be used within one-half mile of apiary.

Please Print or Type		
Name:	County (where apiary is located): ID Number:	
		(For Office Use Only)
Address		
Address:		
Person to Notify:	Phone:	
Alternate:	Phone:	
Alternate:	Phone:	
Number of colonies in the apiary:		
Location of Apiary Site. Describe location to the nearest 0.1 mile using county road markers from official NC county maps:		
Name and address of farmors growing arons who are	us libely to make an contrast conicl mosticide	applications within 1/
Name and address of farmers growing crops who are likely to make or contract aerial pesticide applications within $\frac{1}{2}$ mile of apiary:		
•		
(use back of form for additional names)		
(ase over of form for additional number)		

^{*}A separate form must be completed for each apiary or bee yard to be registered, and a \$10.00 fee should accompany each registration. Registration will not be completed until this form has been received in the office of the State Apiarist. Registration will become effective 5 days after the beginning of the next quarter.