

SANTA BARBARA COUNTY
 AGRICULTURAL COMMISSIONER'S OFFICE

Please Print

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|---|
| NAME |
| ADDRESS |
| CITY ZIP |

APIARY REGISTRATION

| | |
|-----------|-------|
| COUNTY | DATE |
| BRAND NO. | PHONE |

Please check here and return if you no longer have bees in County.

Bees Sold to: _____

LOCATION OF APIARIES IN THIS COUNTY ON Jan. 1

| NUMBER OF COLONIES | Describe location so it can be plotted on county map using roads, canals, intersections, landmarks, and ranch names, giving direction, distance, and side of road; or show Quarter Section, Sec., Twp. & Range. |
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ATTACH ADDITIONAL LIST IF NEEDED

REQUEST FOR PESTICIDE NOTIFICATION

I hereby request to be notified before pesticide applications as provided for in Section 29101 of the California Food and Agriculture Code and Title 3 California Administrative Code 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 Commissioner IN WRITING within the 72-hour period before 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 next December 31.

DATE _____ SIGNATURE _____
Beekeeper

DATE RECEIVED _____ SIGNATURE _____
Agricultural Commissioner/Representative