

AGRICULTURAL COMMISSIONER COUNTY OF TEHAMA
FEE \$10.00
APIARY REGISTRATION

____ Please check here and return if you no longer have bees in the County of Tehama

Please Print

Name				
Address			Brand Number:	
City	State	Zip	Phone:	

Number of	Description (*see below)	Section	Twensp	Range

*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, Section, Township and Range.

ATTACH ADDITIONAL LIST IF NEEDED

Check one: ____ No, I do not request pesticide notification.
 ____ Yes, I do request pesticide notification. If Yes, Complete lower portion.

REQUEST FOR PESTICIDE NOTIFICATION

An annual fee is required for those beekeepers requesting pesticide notification in Butte, Glenn or Tehama Counties pursuant to Section 6655 of the California Code of Regulations. The annual fee shall be paid to Tri-County Bee Notification.

PLEASE COMPLETE ATTACHED ENROLLMENT FORM

I hereby request to be notified before pesticide applications as provided for in Section 29101 of the California Code of Regulations and Title 3 California Administrative Code Section 6654.

The beekeepers must be able to receive messages between 8:00 AM and 5:00 PM, 7 days a week. Information regarding the intended application is given to the beekeepers. It is the beekeepers responsibility to notify the pest control applicator within 24 hours that the application can commence.

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 of each year.

Date _____

Signature _____
 Beekeeper

Date _____

Signature _____
 Agricultural Commissioner/Representative

Please return to: Tehama County Department of Agriculture, P.O. Box 38, Red Bluff, CA 96080
 (apfee)