

SOLANO COUNTY AGRICULTURE DEPARTMENT ANNUAL APIARY REGISTRATION FORM

California Food and Agriculture Code Section 29040 requires all beekeepers, apiary owners, apiary operators or any person in possession of any apiary to register their apiaries and the number of colonies in each apiary with the Agricultural Commissioner's Office in the county where they are located.

YEAR OF REGISTRATION: 20
Expires December 31st of the year of registration

Please complete this registration form and submit it to the Solano County Agriculture Department by mail or in person. If your home (primary location) county is in Solano County, please submit your annual registration.

Mail To: Solano County Agriculture Department
675 Texas Street, Fairfield, CA 94533

In Person: 2543 Cordelia Road, Fairfield, CA 94534

Name:		Business Name:	
Address:		City:	State: ZIP:
Telephone (Primary):	Telephone (Mobile):	Email Address:	
Brand Number(s):	<input type="checkbox"/> Please check to be included in our honeybee swarm pick up referral directory and list cities where you can pick up swarms: _____		

LOCATION OF APIARIES IN SOLANO COUNTY (CHECK ONE BOX)

- All Apiary Locations and Related Information are provided and current in Bee Where (<https://beewherecalifornia.com/>). This is the most preferred and recommended method.**
- All Apiary Locations and Related Information are attached and provided on the "Apiary Location List Supplemental" Form with Corresponding Maps. All information will be input into Bee Where.**

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 each day between 6:00 a.m. and 8:00 p.m.; during the two-hour notification period from _____ a.m / p.m to _____ a.m / p.m. I prefer to be notified by phone, text, and/or Email at:

I understand that I may be contacted by phone, text or email based on all of the information I have provided above.

I understand that if I fail to submit my request for pesticide notification to the Agricultural Commissioner IN WRITING within 72 hours after relocation, I may not be entitled to recover damages if I fail to properly post an identification sign at my apiaries or am not available for notification during the time period I have designated above. I understand that this "REQUEST FOR NOTIFICATION" will expire on December 31st of the year for which I am registering

Beekeeper Name	Beekeeper Signature	Date
Commissioner or Representative Name	Commissioner or Representative Signature	Date Received

**SOLANO COUNTY APIARY REGISTRATION
APIARY LOCATION MAP**

Name: _____ **Business Name:** _____

Please attach either a computer-generated map (preferred) or draw a map using this form for each apiary location which corresponds to its location/ID number in the Apiary Location List Supplemental Form. If you have more than one apiary location and wish to hand-draw a map using this form, please make enough blank copies to draw a map for each location. When drawing maps, please ensure that all roads and landmarks are clearly labeled and distance from hives is accurate. Indicate which direction is north by placing an arrow in the circle. This map will be used by our staff to input into Bee Where and therefore must be legible and easy to read. If a map is not clear and accurate enough to be input into Bee Where, the registrant will be contacted to assist Department staff in ensuring the location is properly documented.

Location Number or ID (must correlate to "Apiary List Supplemental Form"): _____

