



DEPARTMENT OF AGRICULTURE AND MEASUREMENT STANDARDS

RUBEN J. ARROYO
Agricultural Commissioner
Sealer of Weights and Measures

1001 South Mount Vernon Avenue · Bakersfield, California 93307
Telephone 661-868-6300 · Fax 661-868-6301 · agcomm@co.kern.ca.us

APIARY REGISTRATION

Name					
Address			County of Kern		Date:
City	State	Zip	Brand #:	Phone #:	

Please check here and return if you no longer have bees in the County.
Bees sold to: _____

LOCATION OF APIARIES IN THIS COUNTY

Number of Colonies	Describe location so it can be plotted on county map using Section, Township and Range; or, map # and section number

ATTACH ADDITIONAL LIST IS 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 Agricultural Code and Title 3, of the California Code of Regulations, Section 6654. I understand that I must inform the Commissioner of a two-hour period between 6:00 a.m. and 8:00 p.m. **each day**, during which time I will be available for contact, at my expense. I am available for notification during the two-hour time period from _____ to _____ each day 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 31st.

Date: _____ Signature: _____

Date Received: _____ Signature: _____
Agricultural Commissioner/Representative