

Ann Edwards
County Executive



County of Sacramento

Dave Defanti
Deputy County Executive
Community Services Agency

Department of Agriculture,
Weights and Measures
Chrisandra J. Flores - Director

2023 APIARY REGISTRATION

| | | |
|---------------------|----------------|------------------------|
| NAME (Please Print) | EMAIL ADDRESS | |
| ADDRESS | DATE | PHONE () - |
| CITY/ZIP | CDFA BRAND NO. | BeeWhere Beekeeper ID# |

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

Bees sold to: _____

LOCATION OF APIARIES IN SACRAMENTO COUNTY

| Number of Colonies | Please list physical address if available and fill-in attached plot map(s). |
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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, Division 6 of the California Code of Regulations, Section 6983. ____ (Initial)

I am available for notification during the two-hour time period from _____ to _____ Monday through Friday. My preferred means of contact is by phone: (____)____-____ or email: _____.

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 PESTICIDE NOTIFICATION" will expire on December 31st.

Note: Title 3 Division 6 of the California Code of Regulations, section 6981, exempts certain vector control activities from notification. Sacramento-Yolo Mosquito Vector Control District maintains a spray notification website you may subscribe to at the following link: <https://www.fightthebite.net/spray-notification/>

DATE: _____ SIGNATURE _____

Beekeeper

DATE RECEIVED: _____ SIGNATURE _____

Agricultural Commissioner/Representative

Apiary Plot Plan(s)



Site 1: _____

Latitude: _____

Longitude: _____

Parcel #: _____

*Draw hives in relation to roads, buildings, sensitive sites, etc.

A large, empty rectangular box with a blue border, intended for drawing the apiary plot plan for Site 1.

Site 2: _____

Latitude: _____

Longitude: _____

Parcel #: _____

*Draw hives in relation to roads, buildings, sensitive sites, etc.

A large, empty rectangular box with a blue border, intended for drawing the apiary plot plan for Site 2.

Apiary Plot Plan(s)



Site 3: _____

Latitude: _____

Longitude: _____

Parcel #: _____

*Draw hives in relation to roads, buildings, sensitive sites, etc.

A large, empty rectangular box with a blue border, intended for drawing the apiary plot plan for Site 3.

Site 4: _____

Latitude: _____

Longitude: _____

Parcel #: _____



*Draw hives in relation to roads, buildings, sensitive sites, etc.






A large, empty rectangular box with a blue border, intended for drawing the apiary plot plan for Site 4.



Agricultural Department Annual Beekeeper
Best Management Practices Checklist
(Applies to All Locations)

Best Management Practices Checklist:

-  Registration*: Are all of your bee locations registered with the Agricultural Commissioner's Office for this calendar year? (FAC §29040)
YES_____ NO_____
-  Water Supply*: A fresh, adequate water source is required to be available and provided for your hives at all locations, at all times. Please describe your water source(s):

-  Fire Prevention: Are you practicing weed suppression, have shovel, operable water supply or fire extinguisher available at all times to suppress fire near your hives, in case of emergency? YES_____ NO_____
-  Regular Hive Check: I will regularly check my hives for the presence of the known queen and the health of my hives. _____ (Initial)
-  Identification Information on Hive: Do you have contact information (name and phone number) on your hives if located on a site not resided by you? YES_____ NO_____
-  Flyover Barrier*: If your hives are located on a residential or commercial zone district, have you surrounded your hives with a six foot flyover barrier? YES_____ NO_____
-  **Neighbor's Use of Property***: As the hive owner, I will ensure that the honey bees from my apiary are NOT entering adjacent properties in an amount to create interference of neighbors and their pets in outdoor activities and the normal use and maintenance of their property.
_____ (Initial)

As a beekeeper, I hereby certify the foregoing to be true and correct.

Name and/or Company Name _____

Beekeeper Signature _____ Date _____

Agricultural Biologist Signature _____ Date _____

*Per the Sacramento County Zoning Code, Chapter 3, Section 3.4.2