

NEW JERSEY DEPARTMENT OF AGRICULTURE
Division of Plant Industry
P.O. Box 330, Trenton, NJ 08625-0330
Phone: (609) 406-6939, Fax: (609) 406-6960
APIARY REGISTRATION FORM

OFFICE USE ONLY
DATE: _____
AIS#: _____

Beekeepers Mailing Address (corrections to above):

NAME: _____

ADDRESS _____

CITY, STATE, ZIP: _____

TELEPHONE: (DAY) _____ (EVENING) _____

E-MAIL: _____

New Jersey Laws require that all Bee Yards in New Jersey where bees are overwintering be registered annually with the New Jersey Department of Agriculture. The only information, which will be considered public, will be the beekeeper's name and mailing address; all other information will be confidential. Upon receipt the Department will provide each registered New Jersey Beekeeper with documentation that identifies them as a legally registered New Jersey Beekeeper. Please sign and make any additions or corrections and **return** all completed information. If you have any questions please call (609) 292-5440 or visit our website www.state.nj.us/agriculture/plant/bee.htm

I, _____ (Beekeeper's signature)

On, _____ (Date) certify that all the information provided herein is accurate. By request, the laws governing the apiary inspection program in New Jersey, will be sent.

CURRENT BEEKEEPERS STATUS: (PLEASE CHECK ONLY ONE)

- New Registration
- Renewal
- I no longer keep bees or have empty used equipment in storage.
- I no longer keep bees but have empty used equipment in storage.

BEEKEEPING SERVICES: (VOLUNTARY INFORMATION)

- I (wish to) collect honey bee swarms.
- I rear honey bee queens for sale in New Jersey.
- I (wish to) sell honey bee packages (splits) Brood frames or nucleus hives (nucs) in New Jersey.
- I provide New Jersey Fruit and Vegetable growers with pollination for a fee.

Only the voluntary information provided above could be distributed to County agents, beekeepers and to the public upon request.

New Jersey overwintered bee yard location (s) information.

Please print the information for any additional, overwintered yard locations in the spaces provided or use additional sheets if necessary.

NJDA OFFICE USE – YARD ID # _____

YARD NAME: _____
COLONIES: _____
LANDOWNERS NAME: _____
LANDOWNERS PHONE#: _____
COUNTY: _____
TWP., CITY, BORO: _____
YARD LOCATION
(DESCRIPTION) _____

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COLONIES: _____
LANDOWNERS NAME: _____
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