

BEEYARD REGISTRATION FORM FOR PESTICIDE NOTIFICATION FOR NEW OR ADDITIONAL REGISTRATIONS

Instructions:

1. This form is to be used for beeyards not currently registered with the Pesticide Control Program.
2. This registration is voluntary on your part. There is no fee to register. Make copies of this form to use as needed.
3. Provide all information requested, unless it states it is 'optional'. Please print and write legibly.
4. This form must be received by the Pesticide Control Program by March 1st in order for the beeyards listed to be included on the official notification list for that year.
5. Send all completed forms to the letterhead address, attention Beeyard Registration. Call 609-984-6601 with questions.

Beekeeper Information

First Name, Middle Initial, Last Name: _____

Organization Name (optional): _____

Mailing Street or Box #: _____

Mailing City, State & Zip: _____

Daytime Phone: _____ Evening Phone: _____

Fax # (optional): _____ E-Mail Address (optional) _____

Beeyard Information

Beeyard Location #1

Street Address: _____

Municipality: _____ County: _____ State: _____

Location Description (optional): _____

Beeyard Location #2

Street Address: _____

Municipality: _____ County: _____ State: _____

Location Description (optional): _____

Beeyard Location #3

Street Address: _____

Municipality: _____ County: _____ State: _____

Location Description (optional): _____