



# RIVERSIDE COUNTY AGRICULTURAL COMMISSIONER'S OFFICE

RONALD BRAY  
ASSISTANT AGRICULTURAL COMMISSIONER / SEALER  
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CARMEN HAINES  
DEPUTY AGRICULTURAL COMMISSIONER / SEALER

RUBEN J. ARROYO  
AGRICULTURAL COMMISSIONER  
SEALER OF WEIGHTS AND MEASURES

## APIARY REGISTRATION

Year:

Name:	
Address:	
City/St/Zip:	
Phone No:	
Brand No:	

# of Colonies

Attach a map describing each location


Attach additional lists if needed.

## REQUEST FOR PESTICIDE NOTIFICATION

Year:

I hereby request to be notified before pesticide applications as provided for in Section 29101 of the California Food and Agricultural Code and Section 6654 of the California Code of Regulations, Title 3.

I am available for notification during the two hour time period (6am to 8 pm) every day:  
from \_\_\_\_\_ to \_\_\_\_\_ by collect call to the following phone number(s):  
Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

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 will also 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. I understand that this request will expire on December 31<sup>st</sup>.

\_\_\_\_\_  
Date Beekeeper Signature Printed Name

\_\_\_\_\_  
Date Received Agricultural Commissioner / Representative Signature Printed Name