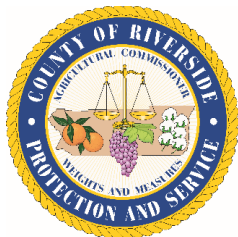


**RIVERSIDE COUNTY
AGRICULTURAL COMMISSIONER'S
OFFICE**



RUBEN J. ARROYO
AGRICULTURAL COMMISSIONER
SEALER OF WEIGHTS AND MEASURES

DELIA JIMENEZ-CIOC
ASSISTANT AGRICULTURAL COMMISSIONER / SEALER
DANIEL DELGADO
DEPUTY AGRICULTURAL COMMISSIONER / SEALER
ERIK DOWNS
DEPUTY AGRICULTURAL COMMISSIONER / SEALER
MISAEEL MARTINEZ
DEPUTY AGRICULTURAL COMMISSIONER / SEALER

2024 APIARY REGISTRATION

Name:	Email:		
Address:	Brand Number:		
City:	State:	Zip:	Phone:

Please check here and return if you no longer have bees in the County of Riverside. No fee required.

# of hives	Description* <i><u>(Continues on back for more locations)</u></i>	Section	Townsp	Range

*Describe LOCATION so it can be plotted on county map using roads, canals, intersections, landmarks and ranch names, giving direction, distance and side of road; or show Quarter Section, Section, Township and Range.

REQUEST FOR PESTICIDE NOTIFICATION

Check one: No, I do not request pesticide notification.
 *Yes, I do request pesticide notification.

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

The beekeepers must be able to receive messages between 8:00 AM and 5:00 PM, 7 days a week. Information regarding the intended application is given to the beekeepers. It is the beekeeper's responsibility to notify the pest control applicator within 24 hours that the application can commence.

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 on December 31 of each year.

Beekeeper Signature: _____ Date: _____

Agricultural Commissioner/Representative Signature: _____ Date: _____

# of hives	Description*	Section	Twnsp	Range

*Describe position so it can be plotted on county map using roads, canals, intersections, landmarks and ranch names, giving direction, distance and side of road; or show Quarter Section, Section, Township and Range.