



HONEY BEE REGISTRATION FORM

New Application	<input type="checkbox"/>	
Renewal	<input type="checkbox"/>	Beekeeper ID:
Change	<input type="checkbox"/>	

Section 21 (1) of the Bees Act, R.S.O.1990, Chapter B.6 reads as follows: "No person shall be a beekeeper in Ontario without a certificate of registration issued by the Provincial Apiarist." Beekeeper means a person who owns or is in possession of bees or beekeeping equipment, but does not include a person who is in possession of new beekeeping equipment for the purpose of transportation, distribution or sale or who is a manufacturer of beekeeping equipment. Registration is free.

BEEKEEPER OPERATION INFORMATION

*** Indicates required field**

*First Name:	Initial:	*Surname:	Company Name:
*Business Telephone Number(s):		Business Fax:	Business Email:
*Business Address:		*City/Town:	*Province:
*Postal Code:	*County/District:	Township:	

If different from above. Mailing Address:		City/Town:	Province:	Postal Code:
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<p>*Please indicate the status of your beekeeping operation:</p> <p><input type="checkbox"/> I have _____ full size colonies at _____ location(s).</p> <p><input type="checkbox"/> I no longer keep bees but still have used beekeeping equipment.</p> <p><input type="checkbox"/> I am no longer in possession of bees or beekeeping equipment.</p> <p>If any bees or equipment have been sold or given away, please provide name and address of recipient(s):</p> <p>_____</p> <p>_____</p>	<p>*Please indicate the business activities of your operation (select all that apply):</p> <p><input type="checkbox"/> Honey production for sale</p> <p><input type="checkbox"/> Pollination services within Ontario</p> <p><input type="checkbox"/> Pollination services outside of Ontario</p> <p><input type="checkbox"/> Producing honey bees for sale</p> <p><input type="checkbox"/> Honey bee research</p> <p><input type="checkbox"/> None of the above</p>
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<input type="checkbox"/> Veuillez m'envoyer l'information en français.	* Please indicate your preference for receiving information: <input type="checkbox"/> email or <input type="checkbox"/> mail
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*I give permission to release my name, address, telephone, fax number and email address to:	
<input type="checkbox"/> Yes <input type="checkbox"/> No the Ontario Beekeepers' Association	<input type="checkbox"/> Yes <input type="checkbox"/> No my local beekeepers' association

<input type="checkbox"/> Yes <input type="checkbox"/> No <p>* Would you be interested in participating in a provincial monitoring project to address bee health stressors at randomly selected beeyards across Ontario? If selected, OMAFRA Apiary inspectors would conduct bee health inspections, collect samples and information on your management practices at one of your beeyards. Inspections and sample collection would occur several times throughout the year.</p>
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*** @ghU` beeyard `cWUjcbg and required information on subsequent pages`"**

All bees in the beeyards identified by the individual, corporation, or firm listed on this form must be owned or leased by and in the legal possession of said beekeeper.

*Signed at _____, Ontario, on the _____ day of _____, 20____.

Town/City

Day

Month

Year

***Signature of Applicant**

Honeybee Registration Form

***B: CFA5HCB'CB'699M5F8G'f@ghU''cWUjcbg"5HJW 'UXX]hcbU' dU' Yg'jZbYVWggUfml'**

*Beeyard #		Beeyard Name:			Yard Status:	
*Number of Full Size Colonies:		Premises ID:		Assessment Roll Number:		
Beeyard Location Information:						
*Beeyard Address:			Emergency/911 #:		*Town/City:	
*Province:	*Postal Code:	*County/District:			Township:	
GPS Latitude:		Directions to the beeyard:				
GPS Longitude:		Location of hives in this beeyard:				
Landowner Information:						
*First Name:	Initial:	*Surname:		*Telephone Number:	Email:	
Street Address:		Town/City:		Province:	Postal Code:	County/District:
Alternate Contact Information:						
First Name:	Initial:	Surname:		Telephone Number:	Email:	

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Beeyard Location Information:						
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*Province:	*Postal Code:	*County/District:			Township:	
GPS Latitude:		Directions to the beeyard:				
GPS Longitude:		Location of hives in this beeyard:				
Landowner Information:						
*First Name:	Initial:	*Surname:		*Telephone Number:	Email:	
Street Address:		Town/City:		Province:	Postal Code:	County/District:
Alternate Contact Information:						
First Name:	Initial:	Surname:		Telephone Number:	Email:	

Additional pages are attached: yes no

Return by mail, email or fax to:

Provincial Apiarist
 Ontario Ministry of Agriculture, Food and Rural Affairs,
 Animal Health & Welfare Branch
 1 Stone Road West, 5th Floor, NW
 Guelph, Ontario N1G 4Y2
 Email: apiary@ontario.ca
 Fax: (519) 826-4375

Information on this form is collected under the authority of the *Bees Act*, R.S.O. 1990, Chapter B.6 and Regulation 57, R.R.O. 1990 under the *Bees Act*. Questions about this collection should be directed to the Agricultural Information Contact Centre, 1-877-424-1300.

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*Province:	*Postal Code:	*County/District:			Township:	
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GPS Longitude:		Location of hives in this beeyard:				
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First Name:	Initial:	Surname:		Telephone Number:	Email:	