

Ministry of Agriculture, Food and Rural Affairs

HONEY BEE REGISTRATION FORM

NI A P C		
New Application	Ш	
Renewal		Beekeeper ID:
Change		

Section 21 (1) of the <u>Bees Act</u>, 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.

EEKEEPER OPEI *First Name:	Initial:					Comp	*Indicates required field pmpany Name:			
Business Telepho	one Number(s):	B	Business Fax:			Business Email:				
*Business Address:				*City/Town:			*Province:			
*Postal Code:	*County/Dis	strict:	rict: Towns			nip:				
f different from a Mailing Address:	bove.		City/Town:				Provi	nce:	Postal Code:	
*Please indicate	-						of you	ır operation	he business activities (select all that apply)	
☐ I no longer keep bees but still have used beekeeping equipment.								ney producti		
☐ I am no longer in possession of bees or beekeeping equipment.							☐ Po	llination serv	ices within Ontario	
If any bees or equ	uipment have b	een sold	or given awa	y, please prov	ide name	Э	☐ Po	llination serv	ices outside of Ontario	
and address of recipient(s):						☐ Producing honey bees for sale				
						□ Но	ney bee rese	earch		
							☐ No	ne of the abo	ove	
Veuillez m'envoyer l'information en français.					* Please indicate your preference for receiving information: ☐email or ☐mail					
*I give permission	n to release m	y name, a	address, tele	ephone, fax n	umber a	nd ema	ail addı	ess to:		
☐Yes the On	tario Beekeepe	rs' Assoc	iation		□Yes □No	my	local be	eekeepers' a	ssociation	
☐Yes randoml ☐No inspection		/ards acro	oss Ontario? information of	If selected, Of on your manage	MAFRA A	Apiary ir ractices	nspecto	rs would con	h stressors at nduct bee health yards. Inspections	
ʻ@ghƯ`ˈbeeyard `o	c WU hjcbg and r	equired i	nformation	on subseque	nt pages					
All bees in the beey egal possession of			dividual, corp	oration, or firm	n listed o	n this fo	orm mu	st be owned	or leased by and in the	
igned at	, Ontario,	on the _	day of _	, 20	0					
rown/Cr	ıy	L	Day	iviontn	ıcai		*Sig	nature c	of Applicant	

*Beeyard #		Ве	eyard Nan	ne:				Y	ard Status:	
*Number of Full Size Colonies:			Pı	Premises ID:			Assessment Roll Num		er:	
Beeyard Locatio	n Informati	ion:								
*Beeyard Address:				Emergency/911 #: *Town/City			n/City:	ty:		
*Province: *Postal Code:		ode:	*County/District:			Towns			p:	
GPS Latitude: Dire		Direct	ections to the beeyard:				İ			
GPS Longitude:		Locati	on of hives	in this beey	ard:					
Landowner Infor	mation:									
*First Name:	Initia	al:	*Surname	e:	*Te	lephone	Number:		Email:	
Street Address:	s: Town/City: Provi		Province:		Postal Code:		County/District			
Alternate Contac	t Informati	· · · · ·								
Aiternate Contat	, i ii ii Oi ii iati	on:				Telephone Number:				
First Name:	Initia	al:	Surname		Tel	ephone I	Number:		Email:	
First Name: *Beeyard #	Initia	al:	eeyard Nan	ne:	Tel			Y	ard Status:	
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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.

*Beeyard #		Beeyard Name:			Yard Status:	
*Number of Full Size	Colonies:	Premises ID:		Assessment Roll Nun	nber:	
Beeyard Location In	nformation	<u> </u>				
*Beeyard Address:				*Town/City:		
*Province: *	Postal Cod	le: *County/District:		Towns	ship:	
GPS Latitude:	D	irections to the beeyard:				
GPS Longitude:	Lo	ocation of hives in this beey	/ard:			
Landowner Informa						
*First Name:	Initial:	*Surname:	*Tel	ephone Number:	Email:	
Street Address:	To	own/City:	Province: Postal		County/District:	
Alternate Contact Ir	formation): `				
First Name:	Initial:	Surname:	Tele	ephone Number:	Email:	
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*Beeyard #	<u> </u>	Beeyard Name:			Yard Status:	
*Number of Full Size		Premises ID:		Assessment Roll Nun	nder:	
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*Beeyard Address:			cy/911 #:	*Town/City:		
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GPS Longitude:	Lo	ocation of hives in this beey	/ard:			
Landowner Informa						
*First Name:	Initial:	*Surname:	*Tel	ephone Number:	Email:	
Street Address:	To	own/City:	Province:	Postal Code:	County/District:	
Alternate Contact Ir			·	· · · · · · · · · · · · · · · · · · ·		
First Name:	Initial:	Surname:	I ele	phone Number:	Email:	
*Beeyard #		Beeyard Name:			Yard Status:	
*Number of Full Size	Colonies:	Premises ID:		Assessment Roll Num	nber:	
Beeyard Location In	nformation		o./011 #:	*Town/City		
*Beeyard Address:			cy/911 #:	*Town/City:		
*Province: *			Towns		ship:	
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GPS Longitude: Location of hives in this beeyard:						
Landowner Informa						
*First Name:	Initial:	*Surname:	*Tel	ephone Number:	Email:	
Street Address:	To	own/City:	Province:	Postal Code:	County/District:	
Alternate Contact In			· ·	unhana Niverskara	Fuerille	
First Name:	Initial:	Surname:	Tele	phone Number:	Email:	