

HONEYBEE REGISTRATION FORM

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

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 BUSINESS INFORMATION

First Name:	Initial:	Surname:	Company Name:		
Business Telephone Number(s):		Business Fax:	Business Email:		
Business Address:		Emergency/911 #:	Street Name:		
City/Town:		Province:	Postal Code:		
County:		Township:	Concession:		
Lot:	Part Lot:	GPS Latitude:	GPS Longitude:	Closest Community:	
<input type="checkbox"/> I have hives at location(s). <input type="checkbox"/> I no longer keep bees, but still have beekeeping equipment. If any bees or equipment have been sold or given away, please provide name and address of recipient(s): <input type="checkbox"/> Veuillez m'envoyer l'information en français.					

INFORMATION ON BEEYARDS (List all locations. Attach additional pages if necessary.)

Beeyard #1					
Number of Hives:	Landowner(s) Name(s):		Landowner(s) Telephone Number(s):		
Landowner(s) Address:		City/Town:	Postal Code:		
Beeyard Address:		Emergency/911 #:	Street Name:		
Beeyard City/Town:	Beeyard Postal Code:	Beeyard County:	Beeyard Township:		
Beeyard Concession:	Beeyard Lot:		Beeyard Part Lot:		
Beeyard GPS Latitude:		Beeyard GPS Longitude:	Closest Community to Beeyard:		
Directions to the beeyard:					
Location of hives in this beeyard:					

Honeybee Registration Form

Beeyard #2			
Number of Hives:	Landowner(s) Name(s):	Landowner(s) Telephone Number(s):	
Landowner(s) Address:		City/Town:	Postal Code:
Beeyard Address:		Emergency/911 #:	Street Name:
Beeyard City/Town:	Beeyard Postal Code:	Beeyard County:	Beeyard Township:
Beeyard Concession:		Beeyard Lot:	Beeyard Part Lot:
Beeyard GPS Latitude:	Beeyard GPS Longitude:	Closest Community to Beeyard:	
Directions to the beeyard:			
Location of hives in this beeyard:			

Beeyard #3			
Number of Hives:	Landowner(s) Name(s):	Landowner(s) Telephone Number(s):	
Landowner(s) Address:		City/Town:	Postal Code:
Beeyard Address:		Emergency/911 #:	Street Name:
Beeyard City/Town:	Beeyard Postal Code:	Beeyard County:	Beeyard Township:
Beeyard Concession:		Beeyard Lot:	Beeyard Part Lot:
Beeyard GPS Latitude:	Beeyard GPS Longitude:	Closest Community to Beeyard:	
Directions to the beeyard:			
Location of hives in this beeyard:			

Additional pages are attached: yes no

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.

Dated at _____, Ontario,
on the _____ day of _____, 20_____.

Signature of Applicant

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	I give permission to release my name, address, telephone, fax number, email address and/or GPS location for mapping purposes for the pesticide and herbicide spraying program. This information will be posted on the Ontario Ministry of Agriculture, Food and Rural Affairs' website and updated on a regular basis. Access to this site will be password protected and available to registered beekeepers who have agreed to release their beeyard information.		

Business 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. Information collected will be used solely for the purpose of administering and enforcing the Apiculture and Honey Programs in Ontario, such as pesticide and herbicide spraying; emergency contact notification; Queen and Nuc producer contact information and disease status posting on the Ontario Ministry of Agriculture, Food and Rural Affairs website; or for mailing out stakeholder surveys. Questions about this collection should be directed to the Provincial Apiarist, 1-888-466-2372 ext. 6-3595.

Return signed copy by mail or fax to: Provincial Apiarist, Ontario Ministry of Agriculture, Food and Rural Affairs, Food Inspection Branch, 1 Stone Road West, 5th Floor NW, Guelph, Ontario N1G 4Y2. Fax: (519) 826-4375

Honeybee Registration Form

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Landowner(s) Address:	City/Town:	Postal Code:	
Beeyard Address:	Emergency/911 #:	Street Name:	
Beeyard City/Town:	Beeyard Postal Code:	Beeyard County:	Beeyard Township:
Beeyard Concession:	Beeyard Lot:	Beeyard Part Lot:	
Beeyard GPS Latitude:	Beeyard GPS Longitude:	Closest Community to Beeyard:	
Directions to the beeyard:			
Location of hives in this beeyard:			

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