Application for Voluntary Beekeeper Registration

Check one: New [ ] Renewal [ ]

Physical location is same as mailing address: [ ]

Mailing Address

Contact Name:_____________________________________

Mailing Address:_____________________________________

Street or PO Box ________________ City ________________

State ________________ Zip ________________

Phone Number:_________________________ Email (required):_________________________

Physical Address-actual location of the apiary/hives

Apiary Name:_____________________________________

Physical Address:_____________________________________

Street (no PO Boxes) ________________ City ________________

State ________________ Zip ________________

County:_____________________________________

Hive/Apairy GPS: LAT__________________ LONG_____________________

Must be in decimal form (ex: 35.123, -97.123)

Number of Hives:_________________________

Voluntary registration requirements

Submit this form and pay the ODAFF registration fee of $10.00.

Upon registration, the person shall be issued a certificate of registration containing a registration number that shall be clearly displayed at each apiary location on a permanent sign with a minimum of one and one half-inch (1 1/2") high contrasting letters or numbers.

_________________________      __________________________

Sign and Print Name      Date

Card#:_________________________ Exp. Date:_________________________ Amount: $_________________________

[ ] Visa [ ] MasterCard [ ] Discover  Name on Card:_____________________________________