

2800 North Lincoln Blvd. Oklahoma City, OK 73105-4972 Phone 405-522-5974

Office Use Only			
Rec#:			
432:	\$		
Lic#:			
AGN:			

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 ap	piary/hives		
Apiary Name:			
Physical Address:			
Street (no PO Boxes)	City	State	Zip
County:			
Hive/Apiary GPS: LAT L	ONG		
Must be in decimal form	(ex: 35.123, -97.123)		
Number of Hives:			
 Voluntary registration requirements Submit this form and pay the ODAFI Upon registration, the person shall be registration number that shall be clessign with a minimum of one and one 	e issued a certificate of early displayed at each of	registration conto apiary location o	n a permanent
Sign and Print Name	Date	;	
Card#:	Exp. Date: ame on Card:	Amount: \$_	