



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

Check one: New ☐ Renewal ☐ Physical location is same as mailing address: ☐

Contact Name: _____

Mailing Address: _____

Street or PO Box	City	State	Zip
_____	_____	_____	_____

Phone Number: _____ Email (required): _____

Apiary Name: _____

Physical Address: _____

Street (no PO Boxes)	City	State	Zip
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County: _____

Hive/Apiary GPS: LAT _____ LONG _____

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

Number of Hives: _____

- 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

Please use this registration form to renew your Voluntary or Migratory Apiary Certificate. Return this form with your check to ODAFF with a payment of \$10 for Commercial Beekeeper or \$100 for Migratory Beekeeper.

Online registration is processed faster and allows credit card payment:
<https://accessodaff.gq.ok.gov/share/fQ0kAOmdt0/new-license>