



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

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 or \$100 by check with this form or on-line by visiting the link at the bottom of this page.
- Upon registration, the person shall be issued a certificate of registration containing a registration number. The last three digits 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.

Date _____

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