

## Florida Department of Agriculture and Consumer Services Division of Plant Industry

## APPLICATION FOR BEEKEEPING REGISTRATION

Sections 586.045 and 586.10(3)(f)1.-5., F.S./ Rule 5B-54.010, F.A.C. P. O. Box 147100, Gainesville, FL 32614-7100 / Phone: (352) 395-4700

Remit online payment at www.FDACS.gov -or-

Check or Money Order payable to:

FDACS P.O. Box 6720 Tallahassee, FL 32314-6720

| (New)   |                         | (Continuing)   |   | (Reactivation)  |  |
|---|-------------------------|--|---|---|--|
| (Company Name or Partner  | ship)                   |  |   |   |  |
| (Owner(s) Name)   |                         |  |   |   |  |
| (Mailing Address)   |                         |  |   |   |  |
| (City)  | (State)                 | (Zip Code)   | (County)  |   |  |
| (Physical Address if differen                                   | t from above)           |  |   |   |  |
| (City)  | (State)                 | (Zip Code)   | (County)  |   |  |
| (Phone Numbers)   | or                      |  |   |   |  |
| Number of Colonies _  |                         |  |   |   |  |
| This signed application shall I<br>Registration Number is issue |                         |  |   | ceeping Registration and  |  |
| The honeybees shall have be date of application and meet        | en inspected by an aut  | horized representative of tapter 586, Florida Statutes | the Department within a<br>s, and 5B-54, Florida Ad | a 12-month period preceding the dministrative Code. If hives are action please complete the section |  |
| All beekeepers in the State of a permanent registration num     |                         |  | of Agriculture and Cons                             | umer Services and will be issued  |  |
| "Governmental agencies mail                                     | ntaining honey bee cold | onies for experimental or e                            | ducational purposes" s                              | hall be exempt from registration  |  |
|   |                         |  | FOR DPS USE ONLY                                    |   |  |
| Colonies purchased from:  |                         | Firm Numbe   | r:  | Inspected on:   |  |
| APPLICANT'S SIGNATURE   |                         | PRINTED NAME & TITLE                                   |   | Date of Application   |  |

they are under my legal authority, the information contained within the application is accurate and truthful, and hereby agree to the terms of the application and the relevant portions of Chapter 586, Florida Statutes and Rule Chapter 5B-54, Florida Administrative

Distribution: Original - Gainesville

FDACS-08176 Rev. 01/18

Code.

Apiary Inspection: Org Code: 42080705000

EO: A8 Object Code: 001156

\_, acknowledge that I am the parent and/or guardian of the minor completing this application, that