



**DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
**DIVISION OF AGRICULTURE & RESOURCE MARKETING**  
 235 PROMENADE STREET  
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**OFFICIAL USE ONLY:**  
 State Reg. No.: \_\_\_\_\_

EBP012897

**2017**

**RHODE ISLAND APIARY REGISTRATION FORM**  
 (TYPE OR PRINT)

APIARIST'S NAME: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_ DATE: \_\_\_\_\_

**APIARY STATISTICS**

1. Total Number of Apiaries (Bee Yards): \_\_\_\_\_ Total Number of Colonies: \_\_\_\_\_

2. Have you acquired any new bees (colonies, packages, queens) by purchase, gifts, or swarms in the past 12 months?  
 (Circle One:) YES NO If YES from whom did you receive them? Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

3. Did you lose any colonies these past 12 months? (Circle One:) YES NO If YES how many colonies: \_\_\_\_\_  
 Cause, if known: \_\_\_\_\_

4. Number of hives transported for pollination purposes? \_\_\_\_\_ Number moved out of state: \_\_\_\_\_

**INSPECTION PERMISSION**

1. Permission is granted for the State Bee Inspector to enter the property(s) where the apiary(s) is/are located and to conduct an inspection for disease: (a) At the convenience of the Inspector \_\_\_\_\_ (X); or (b) with the apiarist present during the inspection \_\_\_\_\_ (X).

Signed: \_\_\_\_\_

2. The Inspector will attempt to notify you at least one day in advance of his anticipated inspection. If you have apiaries located on other properties we ask you to make the necessary arrangements with the property owners for the inspection.

**1** PROPERTY OWNER'S NAME: \_\_\_\_\_ TEL. No.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_ Number of Colonies: \_\_\_\_\_

Location on the property (please be specific) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2

PROPERTY OWNER'S NAME: \_\_\_\_\_ TEL. No.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_ Number of Colonies: \_\_\_\_\_

Location on the property (please be specific) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3

PROPERTY OWNER'S NAME: \_\_\_\_\_ TEL. No.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_ Number of Colonies: \_\_\_\_\_

Location on the property (please be specific) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4

PROPERTY OWNER'S NAME: \_\_\_\_\_ TEL. No.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_ Number of Colonies: \_\_\_\_\_

Location on the property (please be specific) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_