2019
RHODE ISLAND APIARY REGISTRATION FORM
(TYPE OR PRINT)

APIARIST’S NAME: _____________________________ TEL. NO.: __________________

MAILING ADDRESS: __________________________________________________________

CITY: _________________________ STATE: ______________________ ZIP: ___________
e-mail address: ___________________________ 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.

PROPERTY OWNER’S NAME: _____________________________ TEL. No.: ______________

ADDRESS: _____________________________________________________________

CITY: _________________________ STATE: ______________________ ZIP: ___________

Number of Colonies: ______ GPS Location ____________________________

Location on the property (please be specific) ____________________________

___________________________
PROPERTY OWNER’S NAME: __________________________________ TEL. No.: __________________

ADDRESS: ________________________________________________________________

CITY: ___________________________ STATE: ___________________ ZIP: ____________

Number of Colonies: _____     GPS Location ____________________________

Location on the property (please be specific) __________________________________

________________________________________

PROPERTY OWNER’S NAME: __________________________________ TEL. No.: __________________

ADDRESS: ________________________________________________________________

CITY: ___________________________ STATE: ___________________ ZIP: ____________

Number of Colonies: _____     GPS Location ____________________________

Location on the property (please be specific) __________________________________

________________________________________

PROPERTY OWNER’S NAME: __________________________________ TEL. No.: __________________

ADDRESS: ________________________________________________________________

CITY: ___________________________ STATE: ___________________ ZIP: ____________

Number of Colonies: _____     GPS Location ____________________________

Location on the property (please be specific) __________________________________

________________________________________

COMMENTS

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________