



Tulare County Agricultural Commissioner/Sealer

Marilyn Wright, Agricultural Commissioner Sealer
of Weights and Measures
Tom Tucker, Assistant Agricultural Commissioner
Sealer of Weights and Measures

Fill out and return by January 31, or before moving into Tulare County PLEASE PRINT

(Company Name) (Beekeeper's Name)

(Mailing Address) (City) (State) (Zip)

Business Phone: (_____) _____ - _____ Alternate Phone: (_____) _____ - _____

Email address (REQUIRED): _____

Home County: _____

Complete Only the Sections that apply

REQUEST FOR NOTICE – PESTICIDE APPLICATIONS

I hereby request notification of pesticide applications as outlined in California Food & Agricultural Code Section 29101 and California Code of Regulations Section 6652 for protection of my apiaries located in Tulare County.

DO YOU WANT TO BE NOTIFIED OF ANY PESTICIDE APPLICATIONS THAT ARE TOXIC TO BEES THAT ARE WITHIN ONE MILE OF YOUR REGISTERED APIARY LOCATION? ___ Yes ___ No

If **yes**, then indicate the phone number and a two-hour period between 6 a.m. and 8 p.m. Monday through Sunday, during which time you shall be available for contact, at your expense, to receive advance notice from persons intending to apply pesticide(s). If a time is not indicated on your request, a two-hour period from 4 p.m. through 6 p.m. will be assigned.

Phone: (_____) _____ - _____ Notification Time: _____ (am/pm) through _____ (am/pm)

1. To receive maximum protection under the provisions of these sections, this request must be mailed 72 hours immediately prior to locating or relocating this apiary. This, or any subsequent request, will remain valid only until the following December 31st.
2. In accordance with California Food & Agricultural Code Section 29046, I understand that **it is mandatory to prominently display my name, address and telephone number**, if no telephone number, so state, on a sign or placard in black letters not less than one inch in height on a background of contrasting colors located **at the entrance side of the apiary**.
3. Movement notices must be on a form approved by the director and the locations listed on the form shall follow one of these formats: **1)** Avenue & Road with distances from these intersections (preferred); or, **2)** Section, Township, and Range, to the nearest 1/4 Section; or, **3)** a map showing Roads, Avenues, landmarks, distances etc. and the location of the apiary.

Beekeeper Signature: _____ Date: _____

Note: to avoid unnecessary phone calls and delays in pesticide applications, please send movement notices every time bees are relocated and when leaving the county.

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CITRUS BLOOM

REQUEST FOR NOTICE OF PESTICIDE APPLICATIONS DURING CITRUS BLOOM ONLY

For apiaries located within one mile of any citrus planting of one acre or more from March 15 through May 31 - these are the designated Citrus/Bee Protection Areas in Fresno, Kern and Tulare Counties.

I, the undersigned, hereby file the following request for notification as required or provided by California Code of Regulations Section 6656 for the following apiary or apiaries located, or to be located, within a citrus/bee protection area in Tulare County.

Phone number at which I or my agent will accept collect phone calls between 4 p.m. and 7 p.m., Monday through Saturday from March 15 through May 31, to receive notice from persons intending to apply pesticide(s).

Phone number for Notification: (____) _____ - _____

Note: to avoid unnecessary phone calls and delays in pesticide applications, please send movement notices every time bees are relocated and when leaving the county (CCR Section 6656).

Beekeeper Signature: _____

Date: _____

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This page is VOLUNTARY, not required

Complete this section only if you want to release your location information to Seedless Mandarin growers within 2 miles of your apiaries.

VOLUNTARY RELEASE OF CONFIDENTIAL INFORMATION BY BEEKEEPERS

For apiaries located within 2 miles of registered seedless mandarin acreage between March 1st and May 31st

(NOTE: Time period is NOT the same as the Citrus Bloom Period)

I, _____, Beekeeper, agree to a limited waiver of the confidentiality
(Print Name)
of information regarding the locations of my apiaries which are within 2 miles of registered seedless mandarins. This limited waiver permits release of my location(s) information only to registered owners of seedless mandarins within Tulare County, as outlined in Title 3 CCR 1430.54.

Phone number at which myself or my agent will accept phone calls between 4 p.m. and 7 p.m., Monday through Saturday from March 1 through May 31, to receive a request to relocate a registered apiary.

Phone number to receive request for apiary relocation: (_____) _____ - _____

Beekeeper Signature: _____

Date: _____

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