



DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE & RESOURCE MARKETING
 235 PROMENADE STREET
 PROVIDENCE, R.I. 02908
 PHONE: 222-2781
 FAX: 222-6047, TTD: 222-4462

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

- 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: _____
- 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

