

## 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, Florida 32614-7100 / (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 Partners	hip)				
(Owner(s) Name)					
(Mailing Address)					
(City)	(State)	(Zip Code)	(County)		
(Physical Address if different	from above)				
(City)	(State)	(Zip Code)	(County)		
(Phone Numbers)	or	(Email)			
Number of Colonies					
This signed application shall b Registration Number is issued				eeping Registration and	
date of application and meet the	ne requirements of Cha	apter 586, Florida Statute	es, and 5B-54, Florida Ad	12-month period preceding the Iministrative Code. If hives are ction please complete the section	
All beekeepers in the State of a permanent registration number			of Agriculture and Consu	umer Services and will be issued	
'Governmental agencies main fees.	taining honey bee colo	nies for experimental or	educational purposes" sh	nall be exempt from registration	
Colonies purchased from:		FOR DPS USE ONLY	Firm Number:	Inspected on:	
·					
Applicant's Signature	a alemanula da a tha at	Printed Name & Tit		Date of Application	
I,	, acknowledge that	i am the parent and/or g	uardian of the minor com	pleting this application, that	

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

Apiary Inspection: Org Code: 42080705000

EO: A8 Object Code: 001156

Code.