West Virginia Department of Agriculture Marketing and Development Division Apiary Inspection and Registration Program 1900 Kanawha Boulevard, East Charleston, WV 25305-0178 (304) 558-2210

Application for Apiary Registration

Name					
Address					
			County		
Telephone (Home)		(Work)			
□ I am no longer k	eeping bees;	please remove	my name from your maili	ng list	
In compliance with the Co	ode of West Virgi	nia, Chapter 19, Articl	e 13, I (we) apply for registration a	s follows:	
Number of Colonies	Nu	umber of Apiaries			
□ Include me on the li	st of beekeeper	s interested in catch	am if funds are available. ing swarms. ig and moving colonies for pollir	nation.	
Pounds of honey produ	uced in the previ	ous season			
Type of queen bees be	eing used if knov	vn			
Requesting inspection	 Parasite a Beekeepe 	and Disease detection	on oney bees or honey bee queens	s	
I need to be present at	the time of insp	ection Yes No			
If you are requesti the locations of yo	-	•	e additional directions or this form.	r a map of	

Date_____

Signature_____

Please return the white copy and keep the yellow copy for your records