

HONEY BEE REGISTRATION FORM

New Beekeeper <input type="checkbox"/>
Renewal <input type="checkbox"/> Beekeeper ID: _____

Section 21 (1) of the Bees Act, R.S.O.1990, Chapter B.6 reads as follows: "No person shall be a beekeeper in Ontario without a certificate of registration issued by the Provincial Apiarist." Beekeeper means a person who owns or is in possession of bees or beekeeping equipment, but does not include a person who is in possession of new beekeeping equipment for the purpose of transportation, distribution or sale or who is a manufacturer of beekeeping equipment. Registration is free.

BEEKEEPER OPERATION INFORMATION

*** Indicates required field**

*First Name:	Initial:	*Surname:	Business Name:	
*Business Telephone Number(s):		Business Fax:	Business Email:	
*Business Address:			*City/Town:	*Province:
*Postal Code:	*County/District:		Township:	
If different from above. Mailing Address:			City/Town:	Province: Postal Code:
*Please indicate the status of your beekeeping operation: <input type="checkbox"/> I have _____ full size colonies at _____ location(s). <input type="checkbox"/> I no longer keep bees but still have used beekeeping equipment. <input type="checkbox"/> I am no longer in possession of bees or beekeeping equipment. If any bees or equipment have been sold or given away, please provide name and address of recipient(s): _____ _____			*Please indicate the business activities of your operation (select all that apply): <input type="checkbox"/> Honey production for sale <input type="checkbox"/> Pollination services within Ontario <input type="checkbox"/> Pollination services outside of Ontario <input type="checkbox"/> Producing honey bees for sale <input type="checkbox"/> Honey bee research <input type="checkbox"/> None of the above	
<input type="checkbox"/> Veuillez m'envoyer l'information en français.			* Please indicate your preference for receiving information: <input type="checkbox"/> email or <input type="checkbox"/> mail	

***I give permission to release my name, address, telephone, fax number and email address to:**

<input type="checkbox"/> Yes	the Ontario Beekeepers' Association	<input type="checkbox"/> Yes	my local beekeepers' association
<input type="checkbox"/> No		<input type="checkbox"/> No	

*** Information sharing with the Provincial Premises Registry:** If you indicated that you are carrying out a business activity with your operation involving honey production for sale, pollination services within or outside of Ontario, or producing honey bees for sale, or you are carrying out honey bee research in a professional capacity (e.g. for an educational institution), you have the opportunity to consent to having the information provided in this honey bee registration form shared with the Provincial Premises Registry for the purposes of obtaining a Premises Identification Number. If you would like to permit this sharing of information, please indicate your consent here acknowledging and agreeing to the terms and conditions of the Provincial Premises Registry consent statement.

Yes
 No

*** Would you be interested in participating in a provincial monitoring project to address bee health stressors at randomly selected bee yards across Ontario? If selected, OMAFRA Apiary inspectors would conduct bee health inspections, collect samples and information on your management practices at one of your bee yards. Inspections and sample collection would occur several times throughout the year.**

Yes
 No

*** @ghU` bee yard `cWUjcbg and required information on subsequent pages"**

All bees in the bee yards identified by the individual, corporation, or firm listed on this form must be owned or leased by and in the legal possession of said beekeeper.

*Signed at _____, Ontario, on the _____ day of _____, 20____.

***Signature of Applicant**

Honey Bee Registration Form

Bee Yard # **Bee Yard Nickname:** ***Yard Status (select one):**

Bee Yard #	Bee Yard Nickname:	<input type="checkbox"/> Yard will have bees in 2018 <input type="checkbox"/> Yard will not have bees in 2018 <input type="checkbox"/> Yard will have equipment but no bees in 2018		
*Number of Full Size Colonies:	Premises ID:	Assessment Roll Number:		
Bee Yard Location Information:				
*Bee Yard Address:		Emergency/911 #:	*Town/City:	
*Province:	*Postal Code:	*County/District:	Township:	
GPS Latitude:	Directions to the property:			
GPS Longitude:	Location of hives in this bee yard:			
Landowner Information:				
*First Name:	Initial:	*Surname:	Telephone Number:	Email:
Street Address:	Town/City:	Province:	Postal Code:	County/District:
Alternate Contact Information:				
First Name:	Initial:	Surname:	Telephone Number:	Email:

Bee Yard #	Bee Yard Nickname:	<input type="checkbox"/> Yard will have bees in 2018 <input type="checkbox"/> Yard will not have bees in 2018 <input type="checkbox"/> Yard will have equipment but no bees in 2018		
*Number of Full Size Colonies:	Premises ID:	Assessment Roll Number:		
Bee Yard Location Information:				
*Bee Yard Address:		Emergency/911 #:	*Town/City:	
*Province:	*Postal Code:	*County/District:	Township:	
GPS Latitude:	Directions to the property:			
GPS Longitude:	Location of hives in this bee yard:			
Landowner Information:				
*First Name:	Initial:	*Surname:	Telephone Number:	Email:
Street Address:	Town/City:	Province:	Postal Code:	County/District:
Alternate Contact Information:				
First Name:	Initial:	Surname:	Telephone Number:	Email:

Return by mail, email or fax to:

Provincial Apiarist
 Ontario Ministry of Agriculture, Food and Rural Affairs,
 Animal Health & Welfare Branch
 1 Stone Road West, 5th Floor, NW
 Guelph, Ontario N1G 4Y2
 Email: apiary@ontario.ca
 Fax: (519) 826-4375

Additional pages are attached: yes no

Information on this form is collected under the authority of the *Bees Act*, R.S.O. 1990, Chapter B.6 and Regulation 57, R.R.O. 1990 under the *Bees Act*. Questions about this collection should be directed to the Agricultural Information Contact Centre, 1-877-424-1300.