



Application for Beekeeper Registration
 Oklahoma Department of Agriculture, Food and
 Forestry
 Consumer Protection Services
 2800 N Lincoln Blvd.
 Oklahoma City, OK 73105

For Office Use Only
 Receipt # _____
 432 \$ _____
 Registration # _____

New ____ Renewal ____

Name _____
 Address _____
 City _____ State _____ ZIP _____
 Contact Phone Number _____
 Email Address _____

Pursuant to 35-2-3-26, Oklahoma Apiary Act the Registration fee shall be ten \$10 Dollars.

Authorized Signature _____ Date _____

NOTICE-please list a working email address above, future renewal notices may be sent via email.

THIS PART OF THE FORM IS OPTIONAL

(Optional) Location of Apiaries: If you would like to have your apiaries placed on the Pesticide Sensitive Location Viewer, complete the following information. There is no additional charge for this service.

Apiary 1 Name _____ No Colonies _____ Latitude _____
 Longitude _____ or

Legal Description: Complete and circle one of the options in each parentheses that apply.

____ (1/4 or 1/2) ____ (1/4 or 1/2) ____ 1/4 Sec _____ T _____ (N or S), R _____ (E or W) (IM or CM)

Apiary 2 Name _____ No Colonies _____ Latitude _____
 Longitude _____ or

Legal Description: Complete and circle one of the options in each parentheses that apply.

____ (1/4 or 1/2) ____ (1/4 or 1/2) ____ 1/4 Sec _____ T _____ (N or S), R _____ (E or W) (IM or CM)

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This is a voluntary program and information you provide will be used on the website.

Pay by Credit Card: Card # _____ Amount \$ _____
 Type of Card: VISA MASTERCARD DISCOVER Exp Date (mm/yyyy) _____ 3 digit code _____
 Name on Card _____