

Ministry of Agriculture APICULTURE PROGRAM And Lands

Beekeeper and Apiary Registration

An electronic version of this form may be submitted online @ http://www.agf.gov.bc.ca/apiculture/apiary_reg_form.htm

Name of a	pplicant: _		
Company name:(if applicable)			
Postal address:			Phone No: ()
City:		F	Postal Code:
Email address:			
Do you ha	ve any apiary	v locations currently registered? Yes ☐ No ☐ I	yes, enter ID #:
Total numl	oer of colonie	es in operation:	
 Please note: Pursuant to the provisions of the Bee Act, Sections 3 and 4(1), honeybees must be kept in a registered apiary. This registration meets the requirements of the Bee Act and has no bearing on any municipal or district bylaws governing the keeping of honeybees. Please check with local authorities for any restrictions pertaining to honeybees. 			
Apiary	# of Hives	Apiary Location – Street and Number or Road and Nearest Intersecting Road	City/Town
(1)			
(2)			
(3)			
(4)			
(5)			
	•		
Date:		, 20 Signature	

The collected information will be used solely for the purpose of administering the Apiculture registration system in British Columbia and will not be used for other purposes without the consent of the registrant.