

**BEEYARD REGISTRATION FORM FOR PESTICIDE NOTIFICATION  
FOR NEW OR ADDITIONAL REGISTRATIONS**

*Instructions:*

1. This form is to be used for beeyards not currently registered with the Pesticide Control Program.
2. This registration is voluntary on your part. There is no fee to register. Make copies of this form to use as needed.
3. Provide all information requested, unless it states it is 'optional'. Please print and write legibly.
4. This form must be received by the Pesticide Control Program by March 1st in order for the beeyards listed to be included on the official notification list for that year.
5. Send all completed forms to the letterhead address, attention Beeyard Registration. Call 609-984-6894 with questions.

**Beekeeper Information**

First Name, Middle Initial, Last Name: \_\_\_\_\_

Organization Name (optional): \_\_\_\_\_

Mailing Street or Box #: \_\_\_\_\_

Mailing City, State & Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Fax # (optional): \_\_\_\_\_ E-Mail Address (optional) \_\_\_\_\_

**Beeyard Information**

Beeyard Location #1

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Location Description (optional): \_\_\_\_\_

Beeyard Location #2

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Location Description (optional): \_\_\_\_\_

Beeyard Location #3

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Location Description (optional): \_\_\_\_\_