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

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

New _____ Renewal _____

Name _____

Address _____

City _____ State _____ ZIP _____

Contact Phone Number _____

Email Address _____

Authorized Signature _____ Date _____

NOTICE-please list a working email address above, all future renewal notices will 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 ½) _____ (1/4 or ½) _____ ¼ 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 ½) _____ (1/4 or ½) _____ ¼ 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 _____

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

CPS-AP-001
November 2015