

# MONTEREY COUNTY

AGRICULTURAL COMMISSIONER/SEALER OF WEIGHTS & MEASURES  
HENRY S. GONZALES, AGRICULTURAL COMMISSIONER/SEALER  
1428 ABBOTT STREET - SALINAS, CALIFORNIA 93901  
PHONE: (831) 759-7325 FAX: (831) 422-5003  
WEBSITE: ag.co.monterey.ca.us



## APIARY REGISTRATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Brand No.: \_\_\_\_\_

Please check here and return this form if you no longer have bees in Monterey County.

Bees sold to: \_\_\_\_\_

### LOCATION OF APIARIES IN MONTEREY COUNTY ON JANUARY 1.

Number of Colonies	Describe location to be plotted on county map using roads, canals, intersections, landmarks, ranch names, giving directions, distance, and side of road; or show Quarter Section, Sec., T-p. & Range.

ATTACH ADDITIONAL LIST IF NEEDED.



**NORTH COUNTY OFFICE**  
29-B BISHOP STREET - PAJARO, CA. 95076  
PHONE: (831) 784-5900 FAX: (831) 724-6935



**SOUTH COUNTY OFFICE**  
522 N 2ND STREET - KING CITY, CA. 93930  
PHONE: (831) 385-5266 FAX: (831) 385-0551

**REQUEST FOR PESTICIDE NOTIFICATION**

I hereby request to be notified prior to applications of pesticides as provided for in Section 29101 of the California Food and Agriculture Code and Title 3 California Administrative Code Section 6654.

I am available for notification during the two-hour time period from \_\_\_\_\_ to \_\_\_\_\_, Monday through Friday, by collect call, to the following phone number(s): \_\_\_\_\_.

I understand that if I fail to submit my request for pesticide application notification to the Agricultural Commissioner **IN WRITING** within the 72-hour period before relocating, I may not be entitled to recover damages for any injury from pest control operations. I also will not recover damages if I fail to properly post an identification sign at my apiaries or am not available for notification at the hours I have designated above. I understand that this Request for Notification will expire December 31<sup>st</sup>.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

FOR OFFICE USE ONLY	
Date Received: _____	By: _____ Agricultural Commissioner/Representative