

2800 North Lincoln Blvd. Oklahoma City, OK 73105-4972 Phone 405-522-5974

| Office Use Only | | | |
|-----------------|----|--|--|
| Rec#: | | | |
| 432: | \$ | | |
| Lic#: | | | |
| AGN: | | | |

Application for Voluntary Beekeeper Registration

| Check one: New Renewal | Physical location is | Physical location is same as mailing address: \Box | | |
|---|---|--|---------------|--|
| Mailing Address | | | | |
| Contact Name: | | | | |
| Mailing Address: | | | | |
| Street or PO Box | City | State | Zip | |
| Phone Number: | Email (required): | | | |
| | | | | |
| Physical Address-actual location of t | he apiary/hives | | | |
| Apiary Name: | | | | |
| Physical Address:Street (no PO Box | | | | |
| | | State | Zip | |
| County: | | | | |
| Hive/Apiary GPS: LAT | LONG I form (ex: 35.123, -97.123) | | | |
| Number of Hives: | , | | | |
| Voluntary registration requirements • Submit this form and pay the G • Upon registration, the person some registration number that shall the sign with a minimum of one are | ODAFF registration fee of \$10. Shall be issued a certificate of be clearly displayed at each | 00. registration conto apiary location o | n a permanent | |
| Sign and Print Name | Date | Э | | |
| Card#: | Exp. Date: Name on Card: | | | |