

APPLICATION FOR BEEYARD REGISTRATION

ARKANSAS DEPARTMENT OF AGRICULTURE

(PRINT ONLY PLEASE)

APIARY SECTION
P. O. Box 1069
Little Rock, AR 72203
Phone: (501) 225-1598
Fax: (501) 225-3590

NAME: _____

ADDRESS: _____

PHONE NUMBER: [] _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PLEASE CHECK ONE:

REGISTERED BEEKEEPER:

☐

NEW BEEKEEPER:

☐

	COUNTY	QUARTER SECTION	SECTION NUMBER	TOWNSHIP NUMBER	RANGE NUMBER	NUMBER OF COLONIES	CIRCLE THE TYPE OF YARD	OWNER OF LAND	APIARY NAME OR NUMBER	<u>FOR OFFICE USE ONLY</u>
1.							PERMANENT, TEMP, OR SEASONAL			
	GPS: IN DEGREES DECIMAL	LAT: _____				LONG: _____				
2.							PERMANENT, TEMP, OR SEASONAL			
	GPS: IN DEGREES DECIMAL	LAT: _____				LONG: _____				
3.							PERMANENT, TEMP, OR SEASONAL			
	GPS: IN DEGREES DECIMAL	LAT: _____				LONG: _____				
4.							PERMANENT, TEMP, OR SEASONAL			
	GPS: IN DEGREES DECIMAL	LAT: _____				LONG: _____				
5.							PERMANENT, TEMP, OR SEASONAL			
	GPS: IN DEGREES DECIMAL	LAT: _____				LONG: _____				

OFFICE USE ONLY BELOW:

Apiary Section Head _____

Date _____

Registration Number: _____

