

APPLICATION FOR BEEYARD REGISTRATION

APIARY SECTION

P. O. Box 1069

Little Rock, AR 72203

Phone: (501) 225-1598



(PRINT ONLY PLEASE)

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	FOR OFFICE USE ONLY
1.	test	test					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: _____

