

# 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: \_\_\_\_\_

