



APPLICATION FOR APIARY INSPECTION

Name of Apiary Establishment: _____

Name of Apiary Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Area Code and Telephone Number: _____ Apiary Registration Number: _____

Signature of Owner or Representative: _____

This form is your request for inspection of your apiaries. Applicants should be familiar with all provisions of the "Louisiana Apiary Law, Rules, and Regulations" promulgated by the Louisiana Department of Agriculture & Forestry (copies are provided for your review). The applicant agrees to conform to and abide by all of the provisions therein set forth. Applications will not be processed unless signed.

In order to expedite your request for inspection, **please complete all portions of the application that describe your beekeeping operation, provide complete directions to all apiary locations, and maps to all apiary locations.**

This application is hereby made for inspection of all apiary yards owned or controlled by the applicant and listed on this application and supplement sheets. A limited permit may be issued to some applicants, upon written approval, when a limited number of colonies are sold and/or moved.

Date of application: _____

Please check and/or describe the information listed below that best applies to your business needs by submission of this application for apiary inspection. Check more than one if applicable.

Application is hereby made for:

Permits to sell honey bee queens, packages and/or nucs.

Permits to sell honey bee colonies and/or used beekeeping equipment.

Permits for interstate movement of honey bee colonies and/or used beekeeping equipment.

Permits for interstate movement of honey supers for extraction purposes only.

Permits for scientific research purposes by government agencies and cooperators.

Registration requirements for Class B Permits.

Other (describe):

