AGRICULTURAL COMMISSIONER – COUNTY OF TEHAMA

P.O. Box 38, Red Bluff, CA 96080 ● PH: (530)527-4504 ● FAX: (530)529-1049

2026 ANNUAL APIARY REGISTRATION

Tehama County Department of Agriculture, PO Box 38, Red Bluff CA 96080

Name:		Email:	
Address:		Brand Number:	
City:	State:	Zip:	Phone:

____Please check here and return if you no longer have bees in the County of Tehama. No fee required.

# of hives	Description* ***(Continues on back for more locations)***	GPS coordinates	Street address

*Describe LOCATION so it can be plotted on county map using roads, canals, intersections, landmarks and ranch names, giving direction, distance and side of road; or show Quarter Section, Section, Township and Range.

REQUEST FOR PESTICIDE NOTIFICATION

Per California Code of Regulations Section 6655, the county of Tehama is established as a region for the notification of apiary owners of pesticide applications by pest control operators who are required to give notification to beekeepers. Notification is done by **Tehama County Department of Agriculture**.

Preferred Contact

Name______________________

Check one: ____ No, I do not request pesticide notification.

____ *Yes, I do request pesticide notification.

☐ Phone (voice) ________________________

☐ Email _______________________________

☐Text

I hereby request to be notified before pesticide applications as provided for in Section 29101 of the California Code of Regulations and Title 3 California Administrative Code Section 6654.

The beekeepers must be able to receive messages between 8:00 AM and 5:00 PM, 7 days a week. Information regarding the intended application is given to the beekeepers. It is the beekeeper's responsibility to notify the pest control applicator within 24 hours that the application can commence.

I understand that if I fail to submit my request for pesticide notification to the Agricultural Commissioner in writing within the 72 hour period before relocating I may not be entitled to recover damages for any injury from pest control operations. I also will not recover damages if I fail to properly post an identification sign at my apiaries or am not available for notification at the hours I have designated above. I understand that this "REQUEST FOR NOTIFICATION" will expire on December 31 of each year.

Beekeeper Signature: ____ Date: ______________________

Agricultural Biologist: ____ Date: ______________________

# of hives	Description*	GPS coordinates	Street address
Date Mapped	**Bee Location Management (office use only)**		

Office Use only

Date Entered: ________________ *by:* ___________________________

BeeWhere Management: _______________________ *Agriculture Department:* _________ *Beekeeper:* _______________