

If you own **bees** and / or beekeeping **equipment**, you must register by June 30 of each year with Alberta Agriculture and Forestry.

The personal information you provide on this form will be used to register your beekeeping operation with the Provincial Apiculturist. It is collected under the authority of the Bee Act and its regulations, and is also subject to the provisions of the Freedom of Information and Protection of Privacy (FOIP) Act. If you have any questions about the collection, use or disclosure of your personal information, please contact the Provincial Apiculturist at 17507 Fort Road NW, Edmonton, AB T5Y 6H3, or by calling 780-415-2314.

Please print

Check box if **first time** registering bees with the Provincial Apiculturist

For office use only

Registration Number

Last name		First name		Registration Number	
Company name				Primary phone	
Mailing Address				Alternate phone	
Town or city		Province		Fax number	
Postal code		E-mail			

How many live colonies of bees do you have?

If you used all of your equipment how many hives could you operate?

How many beeyards or apiaries do you operate?

We collect **ONLY** the following information to help provide a reliable view of your industry:

Where do you do your honey extraction?

• How many colonies did you put into winter?

Indoors
Outdoors

• How many colonies survived?

Indoors
Outdoors

Qtr.	Sec.	Twp.	Rge.	W
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or:

Where are your beeyards or apiaries located? Please list the name and type of the municipalities in which you operate bees.

NAME OF MUNICIPALITY	MD, Co., etc.	NAME OF MUNICIPALITY	MD, Co., etc.
<i>eg. Barrhead</i>	<i>County</i>		

Since my last registration I purchased bees from: _____

Important: You must notify us when you buy or sell hives or colonies or change your address.

Please call us at 780-415-2314, fax us at 780-422-6096 or e-mail bee@gov.ab.ca

This information is collected under the authority of the Bee Act and its regulations. I certify that the information provided on this form is true and accurate to the best of my knowledge.

I give permission to Alberta Agriculture and Forestry to release the information on this form to those federal/provincial government organizations that may require it for the purpose of collecting industry statistics.

Signature

Date

Return the yellow copy of this registration to:

Provincial Apiculturist, Crop Diversification Centre North
17507 Fort Road NW, Edmonton, AB T5Y 6H3

For office use only

Region

Date received

Date entered