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Delaware Beekeepers Services Survey January 2017
Plant Industries Section, Apiary Inspection

Beekeepers that offer the following services and are interested in having their contact information provided to the public are required to fill out this form.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Directions: Check the appropriate boxes. You may check more than one county.

Swarm Removal:

- No, I do **not** provide swarm removal.
- Yes, I wish to provide swarm removal in the following counties:
- New Castle Kent County Sussex

Cut Out/Structural Removal:

- No, I do **not** provide cut out removals
- Yes, I wish to provide swarm removal in the following counties:
- New Castle Kent County Sussex

Pollination:

I am interested in growers contacting me for renting colonies for pollination:

- Yes No

I agree to have any part or all of the information listed on the **“Delaware Beekeepers Services Survey”** provided to interested parties and understand it may be used to produce informational handouts by various groups and/or agencies. **(Must sign and date to be included in informational list.)**