DELAWARE BEEKEEPER REGISTRATION

County: ___________________________ Date: ___________________________

Name: ___________________________ Number of Colonies: _________________

Address: ___________________________ PLEASE FILL OUT AND RETURN TO:

______________________________ Delaware Department of Agriculture
______________________________ Plant Industries Section
______________________________ 2320 South DuPont Highway
______________________________ Dover, DE 19901-5515

Phone: ___________________________ Attention: State Apiarist

Email: ___________________________ Fax: ___________________________

Location of Colonies: (Please list GPS coordinates if available.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Doc. No. 65-01-08/00/11/01 (Please use reverse side if needed.)
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.)