



DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
 DIVISION OF AGRICULTURE & RESOURCE MARKETING  
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OFFICIAL USE ONLY  
 State Reg. No: \_\_\_\_\_

EBP012897

**2023**

**RHODE ISLAND APIARY REGISTRATION FORM**

(TYPE OR PRINT)

APIARIST'S NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_ DATE: \_\_\_\_\_

**APIARY STATISTICS**

1. Total Number of Apiaries (Bee Yards): \_\_\_\_\_ Total Number of Colonies: \_\_\_\_\_

2. Have you acquired any new bees (colonies, packages, queens) by purchase, gifts, or swarms in the past 12 months?

(Check one): YES NO If Yes, from whom did you receive them? Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

3. Did you lose any colonies these past 12 months? (Check One): YES NO

If YES, how many colonies? \_\_\_\_\_ Cause if known \_\_\_\_\_

4. Number of hives transported for pollination purposes? \_\_\_\_\_ Number moved out of state: \_\_\_\_\_

**INSPECTION PERMISSION**

1. Permission is granted for the State Bee Inspector to enter the property(s) where the apiary(s) is/are located and to conduct an inspection for disease: (a) At the convenience of the Inspector \_\_\_\_\_ (X): or (b) with the apiarist present during the inspection \_\_\_\_\_ (X).

Signed: \_\_\_\_\_

2. The Inspector will attempt to notify you at least one day in advance of his anticipated inspection. If you have apiaries located on other properties, we ask you to make the necessary arrangements with the property owners for the inspection.

**1** PROPERTY OWNER'S NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_ NUMBER OF COLONIES: \_\_\_\_\_

LOCATION ON PROPERTY (please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2

PROPERTY OWNER'S NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_ NUMBER OF COLONIES: \_\_\_\_\_

LOCATION ON PROPERTY (please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3

PROPERTY OWNER'S NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_ NUMBER OF COLONIES: \_\_\_\_\_

LOCATION ON PROPERTY (please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4

PROPERTY OWNER'S NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_ NUMBER OF COLONIES: \_\_\_\_\_

LOCATION ON PROPERTY (please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMENTS**

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