

REGISTRATION DIRECTIONS

Date _____ <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 5px auto;">1</div>	STATE OF MONTANA DEPARTMENT OF AGRICULTURE 302 N Roberts P.O. Box 200201 Helena, MT 59620-0201 406-444-3790 Application for Registration of New Pollination Sites	FOR OFFICE USE ONLY Approved By: _____ Date: _____ <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 5px auto;">6</div>
YOUR NAME	TELEPHONE NUMBER (BUSINESS)	1
BUSINESS NAME	TELEPHONE NUMBER (MOBILE/CELL)	1
ADDRESS	FAX NUMBER	1
CITY	STATE	ZIP CODE
	EMAIL ADDRESS	
Registration directions are on the back of the pink form, or can be accessed at the bottom of this web page. If using internet access, please print two copies, and retain one for your records. Registration fee is \$19.00 per location		
Crop and Hectares of Site	Location (County, <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 2px;">2</div> Latitude, and Decimal Longitude are REQUIRED) County Latitude (Decimal) Longitude (Decimal)	Beekeeper's Name (Please Print) <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 2px;">3</div>
4	Beekeeper's Approval Signature	Number of Hives
		5

NEW POLLINATION SITE REGISTRATION

PLEASE COMPLETE:

1. The date, your name, business name, mailing address, city, state, zip code, phone numbers (business, mobile, and fax), and your email address.
2. YOU MUST report site location as the latitude and longitude of your site (GPS coordinates) to AT LEAST four decimal places. Please also include a rough sketch of the site location on page 2 of this document or include a Google map satellite image of the location. In accordance with MCA 80-6-112a(i), the applicant must own, lease, or rent the land upon which the pollination apiary site is to be located.
3. The name of the beekeeper must be legible. Please print or type this information neatly. The beekeeper's approval signature is required for all site registrations. In accordance with MCA 80-6-112a(ii), the applicant may not own the bees or the hives that are to be placed upon the apiary site.
4. Record the crop and the total number of hectares in which the bees are pollinating here. A pollination site is only valid for time specified by the department, and all pollination apiaries must be removed within 2 weeks after the full bloom period of the crop to be pollinated.
5. Record the total number of hives to be located at the indicated site. The total number of hives should not exceed the adequate number required for pollination of that crop in the specified number of hectares.
6. . DO NOT send in any form of payment until this form has been approved by the Montana Department of Agriculture. Once your sites have been approved by the department you will be notified and able to send in your payment.

Contact the apiary program by phone or email if you have any questions:

apiary@mt.gov
 (406) 444-3790