

## **Division of Environmental Health**

Vector Surveillance and Control

## **Beekeeper Registration Form**

☐ New Submission	☐ Yearly Notification	Revision
<b>Beekeeper Contact Information</b>		
First Name	Last Name	
Building Number	Street Name	
Borough	State Zip Code	
Mobile Telephone Number 1	Telephone Number 2	
Fax Number		
E-Mail Address		
<b>Emergency Contact Information</b>		
First Name	Last Name	
Mobile Telephone Number 1	Telephone Number 2	
<b>Beehive Location</b>		
_ Backyard	☐ Front Yard ☐ Side Yard	Rooftop
Type of Location Other		
No. of Colonies	If no (0) colonies, do you plan to get new ones?	☐ Yes ☐ No
Building Number	Street Name	
Borough	State Zip Code	
Block Number	Lot Number	

If beehive is located at a property not owned by this beekeeper, provide the property owner information:			
First Name	Last Name		
Building Number	Street Name		
Telephone Number	Fax Number		
E-Mail Address			
NOTE: If you have additional hives in different locations, please complete and submit one form for each location.			
I certify that the above information is correct to the best of my knowledge			
Signature	 Date		