

WVDA
 Animal Health Division
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West Virginia Department of Agriculture
 Animal Health Division - Apiary Section
 1900 Kanawha Boulevard, East
 Charleston, WV 25305



Annual Application for Apiary Registration

As required by the Code of West Virginia, Chapter 19, Article 13

For the period July 1 - June 30

Apiarist Name:		County where beekeeper resides:	
Mailing Address:		Address & Counties where apiaries are located: (If different from residential. If more room is needed, write on back)	
City:	State:	1	
Zip Code:		2	
Phone:		3	
Cell Phone:		4	
Email:		5	

If you are no longer keeping bees, check this box so we can remove you from our mailing list

Number of Colonies at time of Application: _____ Number of Apiaries: _____

Total Number of Colonies Lost During: Summer _____ Winter _____

What Caused Losses? (If known) Mites _____ Queen Failure _____
 (enter number of colonies in box): Starvation _____ Other _____

Number of increases (if any) in colonies: Splits _____ Packages _____
 Nucs _____ Swarms _____

Honey Produced Last Year: Pounds _____ Variety (Locust, Clover, etc.) _____

Request an Inspection for:	Interstate Movement <i>(to another state)</i> If you need service, please contact our office	<input type="checkbox"/>	Sale of honeybees or queens <i>(within WV)</i>	<input type="checkbox"/>	I am a new beekeeper

At any time beekeepers needing assistance or those who have detected diseases or pest invasion, can call WVDA Apiary Section at (304) 558-2214 for inspection/assistance. The WVDA is committed to maintaining and promoting healthy colonies in West Virginia for honey production, the sale of bees and pollination.

Date _____ Signature _____

SWARM LIST (This section is voluntary)

If you wish to be included on a "Swarm List," enter the county(ies) you are interested in:

Swarm List Only _____ Cut-Outs & Swarms _____

Your name, county and telephone number will be made available to the public for the purpose of removing swarms.

Honeybee Best Management Practices (This section is voluntary)

I have read the "West Virginia Honey Bee Best Management Practices" as written in §61-2-4, Limits on Liability, and will adhere to this Voluntary program. For additional information regarding this program visit the WVDA webpage, agriculture.wv.gov, Divisions/Animal Health/Apiary and follow the applicable hyperlink.

Yes, I will participate _____

Signature _____