

Signature:

APPLICATION FOR APIARY REGISTRATION

For certificate year _____, June 1 - May 31 THIS SECTION TO BE COMPLETED **IDENTIFICATION NUMBER: CERTIFICATE NUMBER:** BY APIARY PROGRAM OFFICE Registered Previously **Additional Locations** New Beekeeper Check applicable box: Company Name: Beekeeper Name: Address: City, State, Zip: Phone: Email: County: **Are Queens or Nucs Apiary Location Property** # of County **Township** Address or sold from or at this Owner's **Apiaries Colonies** Description location? Name 1 Yes ☐ No 2 No Yes 3 Yes ☐ No 4 ☐ Yes ☐ No 5 Yes No *Please write on back of form to provide inspector with additional directions and/or hive location information, if needed. (GPS coordinates are helpful and appreciated; please indicate by Longitude and Latitude, in Decimal Degrees.) Effective October 1, 2025, there is no fee for apiary registration.

My signature below certifies that the information provided above is true and accurate to the best of my knowledge.

Date:

APPLICATION INSTRUCTIONS

•	Annual apiary registration is required for all active apiaries in Ohio, both permanent and temporary, both
	commercial and hobbyist.

•	This application will let you renew a previous registration, add new apiaries, or create a new registration
	for new beekeepers.