THE COMMONWEALTH OF MASSACHUSETTS



EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS

Department of Agricultural Resources

101 University Drive, Suite C4, Amherst, MA 01002





APIARY AND COLONY REGISTRATION FORM

INSTRUCTIONS: This form is required for registration of your apiary and associated honey bee colonies/equipment. Upon completion, submit to the above mailing or email address for processing. If you require a copy of this completed form for your records, please note this in the section below.

For Agency Use Only				
Registration No.				
Registration Date				

DEEREEPER INFORMATION								
Please check all t	that apply: [New beekeeper	S ☐Additional a	piaries	Remove			
Name:								
Address:								
City, State, Zip:				County:				
Email:				Primary Phone#:				
APIARY INFORMATION								
Apiary Name/Number	Total Colonies	County	City		Address me or GPS coordinates)			
Please provide any additional information about your apiary or request:								
I request to be added as a honey producer on the MassGrown map: ☐Yes ☐No								
I request a copy of this completed form: Yes No								
Troquest a copy of this completed form.								
Beekeeper Signature			Date	_/,	<u> </u>			