



COMMONWEALTH OF PENNSYLVANIA  
**DEPARTMENT OF AGRICULTURE**  
BUREAU OF PLANT INDUSTRY- APIARY SECTION

**APPLICATION FOR APIARY REGISTRATION**

Name: \_\_\_\_\_ If previously registered  
Beekeeper ID #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Apiary	Number of Colonies	County	Township	Location	Property Owner
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Check Applicable Box:**

☐ I no longer keep honey bees in the Pennsylvania  
☐ I have already completed a registration form (registration number issued: \_\_\_\_\_)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Complete and send form with a \$10.00 registration fee payable to the Commonwealth of Pennsylvania.**