APPLICATION FOR BEEYARD REGISTRATION

ARKANSAS STATE PLANT BOARD
APIARY SECTION

P. O. Box 1069, Little Rock, Arkansas 72203
Phone 501-225-1598
Fax 501-225-3590

Name _____ Address _____ Phone Number _____

Total Number of Colonies Owned _____ (PLEASE PRINT ONLY)

County	Quarter Section	Section Number	Township Number	Range Number	Number of Colonies	Perm, Temp or Seasonal	Owner of Land	Apiary Name or Number	For Office Use Only

Apiary Section Head _____ Date _____ Registration No. _____