

New Beekeeper Registration Form

BK Code (OFFICE USE):

Date Received (OFFICE USE):

PLEASE NOTE: One registration per person

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Title:	<input type="text" value="Choose"/>
Business Name or Farm Name (optional): <input type="text"/>					
Civic Address:	<input type="text"/>	County:	<input type="text" value="Choose One"/>		
Town:	<input type="text"/>	Province:	<input type="text" value="Choose O"/>	Postal Code:	<input type="text"/>
Mailing Address:	<input type="checkbox"/>	Please check if same as above. If different, please complete			
Address: <input type="text"/>					
Town:	<input type="text"/>	Province:	<input type="text"/>	Postal Code:	<input type="text"/>
Phone #	<input type="text"/>	Cell Phone #:	<input type="text"/>		
Email Address: <input type="text"/>					
Alternate Email Address: <input type="text"/>					

How many hives do you plan to start with?:	<input type="text"/>	<input type="text"/>
Who will you obtain your bees from (if known)?: <input type="text"/>		

NOTE:

Before opening the form, right-click with your mouse on the form link. Go to 'Save Link As...' save the form to your computer, open with Adobe Reader to complete and use the email, **fax** or click the print button, complete the form and mail to the address below.

Please indicate if you prefer to receive the New Beekeeper Package, including Regulations and Factsheets, by mail or e-mail.

Mail

☐

Email

☐

PRINT

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