

# 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"/>
Business Name or Farm Name (optional):	<input type="text"/>				
Civic Address:	<input type="text"/>	County:	<input type="text"/>		
Town:	<input type="text"/>	Province:	<input type="text"/>	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 plant to start with?:	<input type="text"/>	<input type="text"/>
Who will you obtain your bees from (if known)?:	<input type="text"/>	

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

Mail

Email

**Mail or fax to:**

NS Department of Agriculture  
Animal and Crop Services  
PO Box 890  
Truro, NS B2N 5G6  
Phone#: 902 -896-1279; Fax#: 902-893-0244  
Email: Marlene.Blaauwendraat@novascotia.ca