

# New Beekeeper Registration Form

BK Code (OFFICE USE):

Date Received (OFFICE USE):

**\*\*\*PLEASE NOTE: One registration per person\*\*\***

Last Name:

First Name:

Title:

Business Name or Farm Name (optional):

Civic Address:

County:

Town:

Province:

Postal Code:

Mailing Address:

☐

Please check if same as above. If different, please complete

Address:

Town:

Province:

Postal Code:

Phone #

Cell Phone #:

Email Address:

Alternate Email Address:

How many hives do you plan to start with?:

Who will you obtain your bees from (if known)?:

**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

NS Department of Agriculture  
Animal and Crop Services  
74 Research Dr., Lorraine Bldg,  
Bible Hill, NS B6L 2R2

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