



AGENCY OF AGRICULTURE, FOOD & MARKETS

Business Office/L&R

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www.Agriculture.Vermont.Gov 116 State Street • Montpelier, Vermont 05620-2901 • (802) 828-2436 • (802) 828-3831 FAX

Dear Vermont Beekeeper:

Please refer to the directions below and complete both the apiary registration form and the beekeeper census and return to the address listed below.

- Check boxes appropriate to your operation: no bees/new beekeeper/ selling bees. This information will signal your need for an inspection certificate.
- The Apiary# or Name: if the hives are located at your home, this can be designated as "Your Name Here Home Yard". You may also use a specific name or number if desired.
- The #of Colonies is the total number of hives (full size hives, and/or nucleus colonies) established at a given apiary location as of the renewal/application date. Note: Close estimates are acceptable if necessary.
- In the #colonies lost in the ENTIRE year record all colonies lost last year from July to June. In the "#lost WINTER", enter only the number of colonies you lost this past winter. (November through April.) In the fall mite count box enter your average mite count only if you did a count. Write number as ratio or percentage and method (sugar, alcohol, bottom board, etc.) or write "not counted."
- The 911, or GPS Address will be specific for each apiary location. In most cases, if the apiary location is at your home address (specific house number and street address) we can verify the GPS using our system, and you can indicate 'Same as home 911address'. If you have a P.O. Box, provide the 911address for the apiary location. If you have additional apiary locations that do not have a 911address, provide GPS coordinates in the following format: 44.34567,-73.34567. If the pre-populated data includes this information for an apiary location, it should be accurate unless the location has been changed in the last year or so. If in doubt, include the GPS information and we will update our database.
- As required by 6 V.S.A. Chapter 172, it is the duty of every person having one or more colonies of bees in their possession or under their control to report the location of such colonies. It is essential that apiary inspectors know the locations of all colonies of bees in Vermont to effectively control honey bee diseases and pests.
- The registration period is from July 1 to June 30. Per 6 V.S.A. Chapter 172 3022, there is an annual \$10 registration fee per apiary location. Effective July 1, 2016, renewals greater than 30 days delinquent will be assessed a late fee of \$27 per license/registration/certification as per 6 VSA 1 § (13). If the base renewal fee total is less than \$27, the late fee will equal the renewal fee.





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If you have any questions concerning this application, please contact the Agency at (802) 828-2436.

Please remit payment to:

Vermont Agency of Agriculture, Food & Markets  
Business Office **L&R**  
116 State Street  
Montpelier, VT 05620-2901

**\*\*\*TURN OVER AND COMPLETE BOTH SIDES\*\*\***



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The State of Vermont is an Equal Opportunity / Affirmative Action Employer and Provider



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Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

[ ] I am a new beekeeper [ ] I no longer keep bees I am selling: [ ] queens [ ] nucleus colonies [ ] packages [ ] full colonies

Application for registration of apiaries is hereby filed with the Secretary of Agriculture, Food and Markets for the registration period of July 1 through June 30, inclusive. Registration fees, made payable to the Vermont Agency of Agriculture, Food and Markets are enclosed. In the table below, provide the following information for all apiary locations. If you need more space please copy this form for recording additional locations as needed.

Please also complete the additional enclosed census regarding colony management, disease management, and out-of-state activity.

Table with 9 columns: Apiary # or Name, # of Colonies, County, Town, Land Owner, 911 or GPS Address, # colonies lost this past ENTIRE year (7/1-6/30), # colonies lost during this past WINTER only, Average mite load last Fall (if known)

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Total # Apiaries: \_\_\_\_\_

Total # Colonies: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Read and initial following statement and sign application. The application will be returned if all areas are not initialed or signed.**

**Please Initial:** \_\_\_\_\_ I hereby certify that I am in good standing with respect to any obligations for child support and, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with, a plan approved by the Commissioner of Taxes to pay any and all taxes due to the state of Vermont as of the date of this application.

Please sign and remit payment of \$10.00 per apiary location to:

Vermont Agency of Agriculture, Food & Markets  
Business Office L&R  
116 State Street  
Montpelier, VT 05620-2901  
(802) 828-2436  
www.agriculture.vermont.gov

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## VERMONT BEEKEEPER CENSUS

This census is designed to help the Vermont Apiary Inspection Program better assist Vermont beekeepers. Your participation will help us to prioritize apiary inspections and guide research to improve bee health in Vermont. Please answer each question to the best of your abilities and return it with your completed registration form. If you have any questions, please contact state apiarist David Tremblay: (802)-793-2517 [david.tremblay@vermont.gov](mailto:david.tremblay@vermont.gov)

### I. COLONY MANAGEMENT

1. Did you purchase bees within the last year? \_\_\_\_\_ Y \_\_\_\_\_ N

name(s) of vendor(s): \_\_\_\_\_

state(s) of origin: \_\_\_\_\_

*How many* of each did you purchase within the last year?

\_\_\_\_\_ packages                      \_\_\_\_\_ full colonies

\_\_\_\_\_ nucleus colonies                      \_\_\_\_\_ queens

\_\_\_\_\_ other (specify) \_\_\_\_\_

2. How do you make up for colony losses? *Check all that apply:*

\_\_\_\_\_ Purchase colonies in hives

\_\_\_\_\_ Purchase nucleus colonies

\_\_\_\_\_ Purchase packages

\_\_\_\_\_ Make splits or divides

\_\_\_\_\_ Other (specify) \_\_\_\_\_

\*\*\*\*COMPLETE ALL PAGES\*\*\*\*

**VERMONT BEEKEEPER CENSUS**

3. How do you re-queen your colonies? *Check all that apply:*

- introduce virgin queens       queen cells  
 introduce mated queens       re-queen themselves

4. Did you provide supplemental feed within the past year?  Y  N

What kind(s)? *Check all that apply:*

- |                                      |                                     |                                |
|--------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> pollen      | <input type="checkbox"/> sugar      | <input type="checkbox"/> Other |
| <input type="checkbox"/> substitutes | <input type="checkbox"/> syrup      | (specify                       |
| <input type="checkbox"/> pollen      | <input type="checkbox"/> corn syrup | below)                         |
|                                      |                                     | _____                          |

When? *Check all that apply:*

- Spring     Summer     Fall     Winter

**II. DISEASE MANAGEMENT**

5. Did you perform mite counts over the past year?  Y  N

For each method you used to count mites, please write the *number of times* you performed mite counts over the past year:

- Sugar shake      \_\_\_\_\_ times per hive  
Alcohol wash      \_\_\_\_\_ times per hive  
Bottom board      \_\_\_\_\_ times per hive  
Drone survey      \_\_\_\_\_ times per hive  
Other (specify below) \_\_\_\_\_ times per hive  
\_\_\_\_\_

\*\*\*\*COMPLETE ALL PAGES\*\*\*\*

**VERMONT BEEKEEPER CENSUS**

6. Prior to the feed directive prescription requirement, did you use antibiotic treatments on your bees? \_\_\_ Y \_\_\_ N

7. What treatments did you use within the past year for mitigating colony health problems? *Check all that apply:*

- |   |   |
|---|---|
| ___ NONE                                    | ___ Honey B Healthy   |
| ___ fluvalinate                             | ___ Fumagillin-B  |
| ___ coumaphos                               | ___ tylosin (Tylan,<br>Tylosin, Tylovet)                      |
| ___ amitraz                                 | ___ Lincomycin<br>(Lincomix)                                  |
| ___ Apiguard                                | ___ Oxytetracycline -<br>(TM, OXTC,<br>Pennox.<br>Terramycin) |
| ___ Api-life VAR                            | ___ Herbal antibiotics  |
| ___ Sucroside                               | ___ Other<br>(specify) _____                                  |
| ___ powdered sugar                          |   |
| ___ oxalic acid                             |   |
| ___ formic acid (Mite<br>Away Quick Strips) |   |
| ___ menthol                                 |   |
| ___ Hopguard                                |   |

\*\*\*\*COMPLETE ALL PAGES\*\*\*\*

**VERMONT BEEKEEPER CENSUS**

8. Provide an *estimated number of total colonies lost* within the past year to the following causes:

- |                                     |                                |
|-------------------------------------|--------------------------------|
| _____ <i>Varroa</i> mites           | _____ swarming                 |
| _____ starvation                    | _____ pesticides               |
| _____ bears                         | _____ mitacides                |
| _____ American<br>foulbrood disease | _____ other (specify)<br>_____ |

**III. OUT-OF-STATE ACTIVITY**

9. Within the past year, did any of your hives travel outside Vermont? \_\_\_ Y \_\_\_ N

If so, *list all locations* (cities and states) where your hives were located within the past year:

\_\_\_\_\_

Why were the hives brought out of state? *Check all that apply:*

\_\_\_\_\_ Pollination, *list crops:* \_\_\_\_\_

\_\_\_\_\_ Overwintering, *give city and state:* \_\_\_\_\_

\_\_\_\_\_ Other (specify): \_\_\_\_\_

**IV. OTHER**

10. In your opinion, what is the most important problem you face as a beekeeper? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*COMPLETE ALL PAGES\*\*\*\*