

Oregon Department of Agriculture
Commodity Inspection Division
(503) 986-4620

License # _____ License Type 54 _____ Mail Firm # _____
PRINT OR TYPE _____ **LICENSE EXPIRES MAY 31, 20** _____

Business Name _____ Phone Number _____

Licensee Name _____ Fax Number _____

Mailing Address _____

City, State, Zip _____

Circle one of the following: New License Renewal Additional Information

***** **APIARY REGISTRATION** *****

List Exact Location of Hives _____

Please Note: Registration not required for 1-4 colonies.

Fee Schedule

Basic License Fee (for 5 colonies or more) **\$10.00**

Total Number of Colonies _____

If new owner, print former owner's name _____

Signature _____ Title _____ Date _____

Print Owner Name _____ SSN# _____ - _____ - _____ Date of Birth ____/____/____

Registration is personal to the applicant and cannot be transferred.
Please return this application with your remittance payable to Oregon Department of Agriculture.
All dishonored checks or electronic payments will incur a \$25.00 administrative fee per ORS 30.701.

For Visa or Mastercard Charges Mail or Fax to:
Oregon Department of Agriculture
635 Capitol Street NE
Salem OR 97301-2532
Fax (503) 986-4746

For Checks or Money Orders Mail to:
Oregon Department of Agriculture
PO Box 4395, Unit 16
Portland Or 97208-4395

Name of Cardholder _____ Phone _____

Address of Cardholder _____ City _____ Zip _____

Card Number _____ Expiration Date ____/____/____

Signature _____ Total Charges \$ _____