



Apiary Registration _____

To register as a beekeeper and/or broker, please complete this form and return it with your payment to the address above. If you have any questions, or need amount owed, please contact us at (360) 902-2070 or pestprogram@agr.wa.gov.

Applicant Name	Apiarist ID Number:
	UBI Number:
Address	County:
	Phone:
City	Email (optional):
State	
Zip Code	

Fill in all that apply:

- ☐ I would like to receive my registration electronically by email.
Verify email address (write clearly): _____
- ☐ I will not own or operate any colonies of bees in Washington State this year. (Please sign below and return this form.)
Please: ☐ Remove me from next year's Mailing List. - or - ☐ Keep me on next year's Mailing List.
- ☐ I expect to own and/or operate _____ (number) colonies of bees this year.
- ☐ Yes, I am a Washington state resident.

Fees are due by April 1st.

Registration fees assessed are based on the number of colonies you will own or operate in Washington in the current year. Your registration fees are deposited into a research fund that supports research projects.

Beekeeper: Own Only		Broker and Beekeeper: Own/Operate		Broker Only	
Number of Colonies	Fee	Number of Colonies	Fee		Fee
<input type="checkbox"/> 1 - 5 colonies	\$ 5.00	<input type="checkbox"/> 1 - 500 colonies	\$ 100.00	<input type="checkbox"/> Broker	\$ 100.00
<input type="checkbox"/> 6 - 25 colonies	\$ 10.00	<input type="checkbox"/> 501 - 1,000 colonies	\$ 200.00		
<input type="checkbox"/> 26 - 100 colonies	\$ 25.00	<input type="checkbox"/> 1,001 or more colonies	\$ 300.00		
<input type="checkbox"/> 101 - 300 colonies	\$ 50.00				
<input type="checkbox"/> 301 - 500 colonies	\$ 100.00				
<input type="checkbox"/> 501 - 1,000 colonies	\$ 200.00				
<input type="checkbox"/> 1,001 or more colonies	\$ 300.00				

If you register as both a broker and a beekeeper, only the higher of the two fees is due ([WAC 16-602-025](#), [WAC 16-602-026](#)).

Registration Fee Due: \$ _____
Late Fee * (Registration Fee x 1.5% x # of months late): \$ _____
Total Fees / Amount Enclosed: \$ _____

* Late Fee: Registrations received after April 1 shall be subject to a late fee ([RCW 15.60.031](#))
Checks returned by the bank will be charged a handling fee of \$ 25.00 ([RCW 62A.3-515 \(a\)](#) and [62A.3-520](#))

I certify that the above registration information is true and correct.

Signature: _____ Date: _____