Agriculture, Pêcheries et Alimentation Québec

REGISTRATION OF BEE OWNERS

Animal Health Protection Act (R.S.Q., c. P-42)

In Quebec, any beekeeper is required to register under the current regulation. Return this duly completed and signed form by June 1, 2022, along with a cheque or postal money order in the amount of $18.64 made out to the Minister of Finance to the following address:

Ministère de l'Agriculture, des Pêcheries et de l'Alimentation (Service des permis)
200, chemin Sainte-Foy, 11e étage Québec (Québec) G1R 4X6

For information, please contact : 1-800-463-6210 or (418) 380-2130

IDENTITY OF THE OWNER CONCERNED BY THE REGISTRATION

(Report any change to this information within 30 days)

Language of correspondence

French ☐ English ☐

Surname and given name of the person in charge

Operator

Name under which the activities are carried out

Mailing address (number, street, apt., PC, etc.)

Municipality

Postal code

Telephone

Fax

E-mail address

Québec Enterprise Number (QEN) (if any)

INFORMATION ON THE NUMBER OF HIVES AND THE ACTIVITIES CARRIED OUT

Most current number of beehives inhabited by bees between April 1 and June 1, 2022 that you own: _____

Types of activities carried out other than honey production:

☐ Sale of queens ☐ Sale of nuclei

☐ Pollination ☐ Urban beekeeping*

**Check off the appropriate box if you consider that your main activity is urban beekeeping and that most of your honey-producing hives are located in the city (urban environment).*

INFORMATION ON SITES (APIARIES) BY MUNICIPALITY

All municipalities where the hives are kept during the year must be listed in the table below. You must specify whether it is a site dedicated to winter quarters, honey production or commercial pollination activities. A site may be used for more than one activity. If necessary, use an additional sheet and attach to the shipment.

Municipality, RCM, region		Over-wintering[1] (nb of apiaries)	Production[2] (nb of apiaries)	Pollination[3] (nb of apiaries)
Example: Saint-Hyacinthe, RCM of Maskoutains, Montérégie		0	4	1

Check if continued on the back ☐

I state that the information provided on this form is true. In witness whereof, I have signed this form:

Name of the authorized signatory

Signature

Year Month day

[1] **Overwintering:** Site or repository used for storing hives in winter.
[2] **Production:** Site used by the owner during the summer season for honey production. Temporary sites used in spring or fall, before or after the honey flow, are included in this category.
[3] **Pollination:** Site where beehives are transported for crop pollination services.

FILE NO.:
(For internal use)

Keep a copy of this completed and signed form with your register.

INFORMATION ON SITES (BEEHIVES) BY MUNICIPALITY (CONTINUED)

Municipality, RCM, region		Over-wintering[1]	Production[2]	Pollination[3]
Example: Saint-Hyacinthe, RCM of Maskoutains, Montérégie		0	4	1

INFORMATION ON SITES (BEEHIVES) BY MUNICIPALITY (CONTINUED)

Municipality, RCM, region		Over-wintering[1]	Production[2]	Pollination[3]
Example: Saint-Hyacinthe, RCM of Maskoutains, Montérégie		0	4	1

INFORMATION ON SITES (BEEHIVES) BY MUNICIPALITY (CONTINUED)

Municipality, RCM, region		Over-wintering[1]	Production[2]	Pollination[3]
Example: Saint-Hyacinthe, RCM of Maskoutains, Montérégie		0	4	1