



Please fill out the form and return it to:

Primary Agriculture Branch – Provincial Apiarist
204-545 University Crescent, Winnipeg, Manitoba R3T 5S6
Fax : 204 945-4327 or
Email : derek.micholson@gov.mb.ca

Application for Beekeeper Registration (Leafcutting Bees)

Beekeeper(s) Name: _____

Company Name: _____

Address: _____

City/Town: _____ Prov. _____ Postal Code: _____

Phone: Bus: _____ Res. _____ Cellular: _____

E-mail: _____ Location (section, township, range) : _____

Home Municipality: _____

Municipalities where the leafcutting bee pollinated fields are located (if different than home municipality):

Total number of leafcutting bees: _____

_____ Date	_____ Signature of Applicant
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FOR OFFICE USE: Client ID #: _____	Registration Number: _____
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