

BEEHIVE DISTRIBUTION PROGRAM APPLICATION

Individuals who are residents of Virginia and 18 years of age or older may apply for beehive units through the Beehive Distribution Program (Program). Applicants should review the Program guidelines to determine eligibility, qualifications and requirements before submitting an application. Applications will be accepted during an application period of **July 20, 2021 through August 4, 2021**. Only applications submitted online or postmarked during the application period will be accepted for consideration. Recipients of beehive units will be selected at random from eligible applications. No more than three (3) beehive units will be distributed to a household. Further information regarding the Program is available at www.vdacs.virginia.gov/plant-industry-services-beehive-distribution-program.shtml

Mail completed application to:

Virginia Department of Agriculture and Consumer Services
Office of Plant Industry Services
Beehive Distribution Program
P.O. Box 1163
Richmond, VA 23218

APPLICANT NAME (please provide full legal name):

First Name	Middle Name	Last Name	Suffix
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Date of birth: _____ (mm/dd/yyyy)

Physical Address: _____
Address

Address

City, State Zip

Mailing Address: Check if same as physical address

Address

Address

City, State Zip

Daytime Phone: _____ - _____ - _____

Alternative Phone: _____ - _____ - _____

Email address: _____

1) Current number of beehives. _____
Not counting new beehives being requested through the Program

2) Number of new beehive units requested. _____
Individuals may receive no more than three (3) basic beehive units per fiscal year (July 1 thru June 30).

3) Indicate with an 'X' your preferred style of beehive units.
Note: Only one style beehive may be requested per application.

- a. 8 frame Langstroth medium brood box hive _____
- b. 8 frame Langstroth deep brood box hive _____
- c. 10 frame Langstroth medium brood box hive _____
- d. 10 frame Langstroth deep brood box hive _____
- e. Top bar hive _____

4) County or City in which new beehives will be located. _____

5) Location for new beehive units.
Provide a physical address, driving directions, or description for the location of the new hives.

- 6) In signing this application, I certify that:
- 1. I am an individual who is a U.S. citizen or U.S. resident alien, and
 - 2. I am a resident of the Commonwealth of Virginia, and
 - 3. I am 18 years of age or older

By submitting an application, I agree to hold free and harmless the Commonwealth of Virginia and its officers, employees, and agents from and against all loss, liability, injury, and damage, including but not limited to injury or death to any person or damage to any property, resulting from or caused by, directly or indirectly, the applicant's beekeeping activity.

Signed: _____
Print Name: _____
Date: _____

Contact OPIS by telephone at 804-786-3515 or email to VABees@vdacs.virginia.gov with questions.