



Regulatory Services, Apiary Section

Application to Establish an Experimental Apiary in the State of Tennessee

FOR OFFICIAL USE ONLY

Permit No.

Issue Date

Expire Date

Complete all fields on this form, submit the form via e-mail and you will be contacted regarding the Permit.

Person Requesting Permit:

Last Name First Name M.I.

Street Address

City State Zipcode

Home Phone Work Phone Cell Phone

E-mail Best Method of Contact

Home County Apiary Registration Number (If Known)

Number of Apiaries Number of Colonies Month Day Year

College, University or Research institute Associated with the Research

College, University or Research Institute

Department

Street Address 1

Street Address 2

City State Zipcode

Reason forPermit Research to Control Honeybee Pest Research to Evaluate Honeybee Pest

Research to Control Honeybee Disease Research to Evaluate Honeybee Disease

Briefly summarize the research and/or evaluations to be conducted in the experimental apiary. Include the pests and or diseases of interest in the summary.

