Plant Protection Division, Ph. 651-201-6095

APPLICATION FOR APIARY INSPECTION

Minn. Stat. 17.445

1			nce in completing your application	, ,	
Legal Name:		Phone Number:			
DBA:			Back-Up Phone Number:		
Mailing Address:					
City:	State:	Zip Code:	Email:		
Expected Date of Dep	arture:	//			
Preferred Inspection D	ate is between		and		
List all counties when	e inspections are to b	be performed:			
Instructions:					
Number of Colon Days: The maxim Special Requiren	um number of days bef nents: List any specia	olonies to be shipped to t	nspection may be performed if less ation state may have.	s than six mon	ths.
Number of Colon Days: The maxim Special Requiren	lies: The number of ∞ um number of days bef nents: List any specia <i>luctions for each state to</i>	olonies to be shipped to t ore departure that your in I requirements the destin	nspection may be performed if less ation state may have.		ths. Special Requirements
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In accordance with the Americans with Disabilities Act, an alternative form of communication is available upon request. TDD: 800.627.3529 An Equal Opportunity Employer and Provider

AG-03007 (08/09)