

**SOUTH DAKOTA DEPARTMENT OF AGRICULTURE AND NATURAL RESOURCES
DIVISION OF RESOURCE CONSERVATION AND FORESTRY**

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Web Address – <http://danr.sd.gov>

APPLICATION FOR COMPLIANCE AGREEMENT

SUBMIT COMPLETED FORM AND \$50 FEE TO ADDRESS LISTED ABOVE

Name of Beekeeper: _____ Date: _____

Address: _____ Phone Number: (____) _____

Number of Colonies in Hive Boxes Moving Out: _____

Number of Used Empty Hive Bodies Moving: _____

Approximate Moving Date: _____

Destination: State of: _____ County of: _____

State of: _____ County of: _____

If colonies are subject to multiple stops for custom pollination, please indicate as follows:

Destination: State of: _____ County of: _____

State of: _____ County of: _____

Approximate Return Date to South Dakota: _____

Approximate number of colonies in hive boxes returning to South Dakota: _____

Approximate number of used hive bodies returning to South Dakota: _____

Comments: _____

REGULATED PEST CONTROL PROGRAM

This information is based on the results of your apiary inspection results and your particular pest management activities. If you do not have a regulated pest or the pest is below levels in regulation or if you are not going near Africanized Honey Bee regulated areas, you will not need a control plan for these pests.

1. American Foulbrood Control Compound: _____

Approximate Date of Application: _____

2. Tracheal Mite Control Compound: _____

Approximate Date of Application: _____

3. Varroa Mite Control Compound: _____

Approximate Date of Application: _____