



**DEPARTMENT of AGRICULTURE  
and NATURAL RESOURCES**

JOE FOSS BUILDING  
523 E CAPITOL AVE  
PIERRE SD 57501-3182  
danr.sd.gov

Check # _____
Receipt # _____
Date _____

**Application for Temporary Pollination Permit**  
**Fees: \$40 per location + \$1 Honey Industry Fund = \$41 total due**

Location of Crop				
County	Qtr.	Sec.	Twp.	Range

Location of Colonies				
County	Qtr.	Sec.	Twp.	Range

Crop to be Pollinated: \_\_\_\_\_

Number of Colonies: \_\_\_\_\_

Number of Acres: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Colonies of bees will be moved onto and from pollination sites in accordance with the provisions of Chapter 12:41 of the South Dakota Department of Agriculture and Natural Resources, as summarized:

1. That the crop being pollinated is being grown and harvested for seed purposes and not for hay or forage purposes.
2. That the movement of colonies onto pollination sites will be limited to a maximum of 40 days from the starting date requested by the applicant.
3. It is unlawful to give false information or incomplete information pertaining to this application.
4. The detection of any disease will be sufficient cause for the revocation of this permit.
5. That the Department of Agriculture personnel have the right to enter premises for inspection of colonies

**I have read and understand the above requirements**

**Beekeeper**

**Landowner or lessee**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, & Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, & Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature & Date

**(Do Not Complete Below This Line)**

Approved       Disapproved

\_\_\_\_\_  
Reason

\_\_\_\_\_  
Secretary of Agriculture & Natural Resources

\_\_\_\_\_  
Date