

Tennessee Department of Agriculture

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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 reguarding the Permit.

Person Requesting Permit:

Last Name	First Nam	e		M.I.	
Street Address					
City		State	Zip	ocode	
Home Phone	Work Phone		Cell Ph	one	
E-mail		Best Method of Cor	ntact		
Home County	Apiary	Registration Number	(If Known)		
Number of Apiaries Numb	per of Colonies	Month	Day	Year	
College, University or Research institu	ite Associated with the	e Research			
College, University or Research Insti	tute				
Department					
Street Address 1					
Street Address 2					
City		State	Zip	ocode	
Reason forPermit	h to Control Honeybee	Pest 🔲 Research to	o Evaluate Hone	eybee Pest	
Research to Control Honeybee Di	sease 🔲 Research to E	Evaluate Honeybee D	isease		
Briefly summarize					

Experimental Apiary Location

Number of Colonies	Road/Community	Name of Farm	County of Apiary	GPS Location of Apiary Latitude Longitude	

E-mail a copy of the Proposed Research Protocols and Experimental Design to mike.studer@state.tn.us after submitting this form.

Only completed applications with Research Protocols and Experimental Design will be approved.