



Please fill out form and return it to:

Derek Micholson

Primary Agriculture Branch – Provincial Apiarist

204-545 University Crescent, Winnipeg, MB R3T 5S6

Phone: 204-791-0124

Email: Derek.Micholson@gov.mb.ca

Application for Beekeeper Registration

CHECK APPLICABLE BOX(ES):

Application for Honey Bees – Beekeeper Registration

Application for Leafcutting Bees – Beekeeper Registration

Applicant's Name: _____

Company Name: _____

Address: _____

City/Town: _____ Prov.: _____ Postal Code: _____ Home Municipality: _____

Municipalities where honey bee colonies and/or leafcutting bee pollinated fields are located (if different from home municipality):

Location (coordinates or section-township-range): _____

Primary Phone (check box if cell phone): _____ Secondary Phone (check if cell): _____

Email: _____

Total number of honey bee colonies: _____

Total number of leafcutting bees: _____

PRIVACY NOTICE

The Department of Agriculture ("Manitoba Agriculture") is collecting Applicant information, which may include personal information, under the authority of clauses 36(1)(a) and 36(1)(b) of The Freedom of Information and Protection of Privacy Act ("FIPPA") as the information relates directly to, and is necessary for, registration under The Bee Act, CCSM c. B15. Manitoba Agriculture is authorized to use information, which may include personal information, under the authority of clause 43(1)(a) of FIPPA, for the purpose of facilitating registration under The Bee Act. All personal information collected by Manitoba Agriculture is protected under FIPPA. Personal information cannot be used or disclosed for any other purpose, unless consent is provided or the disclosure is authorized or required under FIPPA. Should you have any questions about the collection or use of personal information, contact the Access and Privacy Co-ordinator at 204-945-1252 or email fippa@gov.mb.ca.

CONSENT

I consent to Manitoba Agriculture disclosing my information, which may include personal information, to the Manitoba Beekeepers' Association ("MBA") for the purpose of facilitating a registry of beekeepers as required under the Manitoba Honey Marketing Plan Regulation 244/87R. Manitoba Agriculture will only disclose as much information to the MBA as necessary, and will not disclose any information of beekeepers with less than 50 colonies. My consent is voluntary and I have the right to withdraw my consent at any time by notifying Manitoba Agriculture. I understand that my consent continues until I notify Manitoba Agriculture that I withdraw my consent by contacting Derek Micholson at 204-791-0124. I understand that my consent cannot be withdrawn retroactively.

SIGNATURE OF APPLICANT

DATE (YYYY-MM-DD)

FOR OFFICE USE

Client ID #: _____

Registration #: _____