BILL OF SALE

[Please ensure all prints are legible]

Date: ____________________

I, ______________________________________, the undersign, hereby sell, assign, and/or transfer

to___________________________________ d.b.a._____________________________________ of

________________________________________________________________________________

(If P.O. Box is used, please provide actual address also)

tag all my rights, title, and interest in the following bee equipment bearing my registered apiary serial

brand numbers as follows :

My Apiary Serial # is _______________ My Apiary Certificate # is _______________

Hive Bodies __________________ ________________ ________________

Frames __________________ ________________ ________________

Covers __________________ ________________ ________________

Bottoms __________________ ________________ ________________

Other Equipment __________________ ________________ ________________

From the county of _____________________ to the county of ______________________ .

Are brand number and branding iron being transferred? ______________________

Signature

________________________________________

Print Name

________________________________________

Address

________________________________________

City, State, and Zip Code

________________________________________

Phone Number


State Official Use:

RC #: ____________________________

RC Date: _________________________

Serial #: _________________________

Cert #: _________________________

Mail this form & $25.00 fee to:  Cashier, Department of Food & Agriculture, P.O. Box 942871, Sacramento, CA 94271-2872.

Payable to :  "Cashier, BDC/VPCR 12030 "  Please do not send coin or currency

Revise: Feb 2015 - CLICB
CERTIFICATE OF DESTRUCTION

Please ensure all prints are legible

Date: ____________________

This is to certify that I, _____________________________ have destroyed the branding iron for

Apiary Serial Brand Number ____________ associated with

Certificate of Apiary Ownership # ________________as required by Section 29252 of the

California Food and Agricultural Code.

________________________________________
Signature

________________________________________
Print Name

________________________________________
Address

________________________________________
City, State, and Zip Code

________________________________________
Phone Number

To confirm certificate of destruction, please complete the above information and return this form to the California Department of Food and Agriculture, Integrated Pest Control Branch-MDVW, Apiary Unit, 1220 N Street, Sacramento, CA 95814.