



**OKLAHOMA**  
**Agriculture, Food**  
**and Forestry**

**2800 North Lincoln Blvd.**  
**Oklahoma City, OK 73105-4972**  
**Phone 405-522-5974**

| Office Use Only |    |
|-----------------|----|
| Rec#:           |    |
| 432:            | \$ |
| Lic#:           |    |
| AGN:            |    |

### Application for Migratory Beekeeper Permit

**Migratory Beekeeper:** *a beekeeper who moves/transportes bees into Oklahoma for the purpose of wintering colonies, improving health/number of colonies, providing pollination services, or for honey production*

**Migratory Beekeeper Requirements**

- Submit ODAFF Migratory Beekeeper Permit application
- Pay ODAFF Entry Fee of \$100.00
- Provide copy of Certificate of Inspection
- Provide purchaser with copy of Certificate of Inspection
- Retain copy of Certificate of Inspection while in Oklahoma
- ODAFF may inspect any bees or vehicles transporting bees into the State

**Mailing Address for Apiary Owner**

|                        |      |                         |     |  |
|------------------------|------|-------------------------|-----|--|
| Contact Name: _____    |      |                         |     |  |
| Mailing Address: _____ |      |                         |     |  |
| Street or PO Box       | City | State                   | Zip |  |
| Phone Number: _____    |      | Email (required): _____ |     |  |

**Person Shipping the Bees**

**Same as Apiary Owner**

|                  |      |       |     |  |
|------------------|------|-------|-----|--|
| Name: _____      |      |       |     |  |
| Address: _____   |      |       |     |  |
| Street or PO Box | City | State | Zip |  |

**Description of Shipment**

**Certificate of Inspection Attached**

|  |  |
|--|--|
| Date of Shipment: _____                        |  |
| Destination: _____                             |  |
| Nearest Oklahoma Town: _____ and County: _____ |  |

**Person/Business Receiving the Bees**

|                  |      |       |     |  |
|------------------|------|-------|-----|--|
| Name: _____      |      |       |     |  |
| Address: _____   |      |       |     |  |
| Street or PO Box | City | State | Zip |  |

\_\_\_\_\_ Sign and Print Name \_\_\_\_\_ Date

Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Visa  MasterCard  Discover Name on Card: \_\_\_\_\_