



**CARIBOO REGIONAL DISTRICT  
INVASIVE PLANT MANAGEMENT PROGRAM  
BEE YARD OPERATION NOTIFICATION FORM**

Farm Name: \_\_\_\_\_  
Contact Person(s): \_\_\_\_\_  
Civic Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Is the Bee Yard Currently Certified Organic:                      **YES**                      **NO**

Name of Organic Certification Organization: \_\_\_\_\_

UTM Coordinates of Hives: \_\_\_\_\_  
\_\_\_\_\_

**AND/OR**  
\_\_\_\_\_  
\_\_\_\_\_

Legal Description of Hive Locations: \_\_\_\_\_  
\_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return completed forms to the CRD's Invasive Plant Management Program by mail, email, or in person.