

BILL OF SALE

Date: _____

I, _____, hereby sell, assign, and/or transfer to _____

_____ of _____

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

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



Integrated Pest Control Branch - MDVW
1220 N Street, Sacramento, CA 95814

CERTIFICATE OF DESTRUCTION

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, 1220 N
Street, Sacramento, CA 95814.**

