

**MONTANA DEPARTMENT OF AGRICULTURE  
AGRICULTURAL SCIENCES DIVISION**

**APPLICATION FOR REGISTRATION OF ALFALFA LEAFCUTTING BEES AND/OR BEE  
CERTIFICATION**

For Registration Year Ending December 31, 2015

Business Name \_\_\_\_\_

Business Location \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**ALFALFA LEAFCUTTING BEE REGISTRATION**

No person may possess or control Alfalfa Leafcutting Bees in this state unless the bees are registered.

*This is a one-time fee, with continuous registration until you notify the committee of cancellation. See second page for more information.*

\_\_\_\_\_ \$15 NEW Alfalfa Leafcutting Bee Registration (one-time fee).

General location of Bees to be Registered \_\_\_\_\_

**ALFALFA LEAFCUTTING BEE CERTIFICATION & SAMPLING SERVICE**

Persons possessing or controlling Alfalfa Leafcutting Bees in the State of Montana may annually certify all or part of their bees.

\_\_\_\_\_ Basic Analysis for Certification and Service Samples at \$50.00

\_\_\_\_\_ Sex Ratio/Percent Emergence at \$20.00 per sample

\_\_\_\_\_ Total Number of Samples Submitted

**IF SAMPLES ARE TO BE CERTIFIED:** General location of Bees \_\_\_\_\_

Pounds of Bees to be Sampled \_\_\_\_\_

\$ \_\_\_\_\_ TOTAL FEE ENCLOSED

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

(Please print name and title)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE \_\_\_\_\_ AMT \_\_\_\_\_ ALCB REG 30611  
CK # \_\_\_\_\_ CR# \_\_\_\_\_ ALCB SAMPLE 30612

## **DIRECTIONS FOR REGISTRATION OF BEES**

- Fill out the application form. Make any changes to address information on the application form if needed.
- If this is a first time registration, submit a \$15.00 initial registration fee. Make check or money order payable to the Montana Department of Agriculture.
- Send application & fee to:     ATTN: State Entomologist  
  Montana Department of Agriculture  
  Agricultural Sciences Division  
  PO Box 200201  
  Helena MT 59620-0201

## **DIRECTIONS FOR SAMPLING OF BEES**

- Fill out the application form.
- The fee is **\$50.00 for Basic Analysis**, which includes chalkbrood, parasites, predator, and live larvae count. This includes Service and Certification samples.
- The fee is **\$20.00** per sample for Optional Analysis for **sex ratio and percent emergence**.
- Sample of total population of bees to be analyzed as a service, must be sent to the Montana Department of Agriculture for analysis.
- Samples for Certified Analysis must be collected by a Department of Agriculture employee.

- **INSPECTION COSTS FOR CERTIFIED SAMPLING**

Mileage – 37.5 cents per mile to and from nearest inspectors office.

Meals -- \$5.00 morning  
          \$6.00 midday  
          \$12.00 evening

Lodging – actual up to \$64.20 per night (through December 31, 2015)

Hourly Rate -- \$10.00 per hour (including travel time)

- Any questions concerning registration or certification of Alfalfa Leafcutting bees can be answered by phoning (406)444-3790 or by FAX (406)444-9493.
- Please notify the Department in writing if you no longer have Alfalfa Leafcutting Bees.