

# BEEHIVE DISTRIBUTION PROGRAM APPLICATION

Individuals who are residents of Virginia and 18 years of age or older may apply for beehive units through the Beehive Distribution Program (Program). Applicants should review the Program guidelines to determine eligibility, qualifications and requirements before submitting an application. Applications will be accepted during an application period of **August 22 through September 6, 2024**. Only applications submitted online or postmarked during the application period will be accepted for consideration. Recipients of beehive units will be selected at random from qualifying applications as funds are available in the Beehive Grant Fund. Individuals may apply for up to three (3) beehive units. No more than three (3) beehive units may be distributed to a household. Individuals selected to receive beehive units may be required to submit a Substitute W-9 Request for Taxpayer Identification Number and Certification form prior to receiving beehive units. Information submitted as part of this application may be subject to the Virginia Freedom of Information Act. Applicants will be notified when funds have been depleted and no beehive units are available for distribution. Guidelines, online application and further information regarding the Program are available at [www.vdacs.virginia.gov/plant-industry-services-beehive-distribution-program.shtml](http://www.vdacs.virginia.gov/plant-industry-services-beehive-distribution-program.shtml).

Mail completed application to:

Virginia Department of Agriculture and Consumer Services  
Office of Plant Industry Services  
Beehive Distribution Program  
P.O. Box 1163  
Richmond, VA 23218

APPLICANT NAME (please provide full legal name):

\_\_\_\_\_

First Name	Middle Name	Last Name	Suffix
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Date of birth: \_\_\_\_\_ (mm/dd/yyyy)

Physical Address: \_\_\_\_\_  
Address  
\_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_  
City State Zip

Mailing Address:  Check if same as physical address  
\_\_\_\_\_  
Address  
\_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_  
City State Zip

Daytime Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Notifications regarding the status of your application will primarily be sent by email. Enter your own or another email address to which notifications may be forwarded.

1) Current number of beehives. (Do not include new beehives requested through the Program) \_\_\_\_\_

2) Number of new beehive units requested. \_\_\_\_\_

Individuals may request no more than three (3) basic beehive units per fiscal year (July 1 thru June 30).

3) County or City in which new beehives will be located. \_\_\_\_\_

4) Location for new beehive units.

Provide a physical address, driving directions, or description for the location of the new hives.

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5) Indicate with an 'X' your preferred style of beehive units.

Note: Only one style beehive may be requested per application.

- a. 8 frame Langstroth medium brood box hive \_\_\_\_\_
- b. 8 frame Langstroth deep brood box hive \_\_\_\_\_
- c. 10 frame Langstroth medium brood box hive \_\_\_\_\_
- d. 10 frame Langstroth deep brood box hive \_\_\_\_\_
- e. Top bar hive \_\_\_\_\_

In signing this application, I certify that:

- 1. I am an individual who is a U.S. citizen or U.S. resident alien, and
- 2. I am a resident of the Commonwealth of Virginia, and
- 3. I am 18 years of age or older

By submitting an application, I agree to hold free and harmless the Commonwealth of Virginia and its officers, employees, and agents from and against all loss, liability, injury, and damage, including but not limited to injury or death to any person or damage to any property, resulting from or caused by, directly or indirectly, the applicant's beekeeping activity.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Contact the Office of Plant Industry Services by telephone at 804-786-3515 or email to [VABees@vdacs.virginia.gov](mailto:VABees@vdacs.virginia.gov) with questions.