

ELM FORK BEEKEEPERS ASSOCIATION

Beekeeping Services – Website Submission

Full Name: _____

DBA (if applicable) _____

Address: _____

City: _____ State: _____

Year Began Beekeeping _____ Member of Texas Apiary Inspection Service _____

Phone Number _____

Email _____

Website _____

BEE WRANGLER – Manage hives for tax purposes.

(Mark all that apply) ___Cooke ___Grayson ___Denton ___Wise ___Fannin ___Collin

(Mark One) ___FULL TIME ___PART TIME

(Mark All Applicable) ___FULL SERVICE (Provides managed hives) ___MANAGE ONLY (Manages customer owned hives)

___CONSULTING (Consults and provides training to the customer)

Wrangler Exceptions _____

SWARM REMOVAL – Removal of colonies from a temporary location.

(Mark One) ___FULL TIME ___PART TIME

(Mark all that apply) ___Cooke ___Grayson ___Denton ___Wise ___Fannin ___Collin

Removal Exceptions (height, aggression, size etc.)

BEE REMOVAL – Removal of established colonies in undesirable locations.

(Mark One) ___FULL TIME ___PART TIME

(Mark all that apply) ___Cooke ___Grayson ___Denton ___Wise ___Fannin ___Collin

Removal Exceptions (height, attics, inside walls etc.).
