

NOP §205.236

APICULTURE COLONY APPLICATION

Find all forms at www.ccof.org/documents. Send completed forms to inbox@ccof.org.

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Operation Name:					Date:		
Hive Information Complete the following	n ng table for each hive	/colony to be ce	rtified:				
Hive Identification	Initial Quantity of Supers	Age of Colony	Product	Planned Frequency of Extraction	Average Yield	Additional Information	
which have been und hive.	n apiculture operation der continuous organi						
Hive Manageme	ent						
When did you begin	, or plan to begin, orga	anic managemer	nt of the hive(s)?				
List the date of the la	ast prohibited material	application:					
Was the foundation v ☐ Yes ☐ No a) If yes, was the foundation v ☐ Yes ☐ No	wax used? oundation wax replace	ed, and any exis	ting brood comb re	moved?			
	ced the foundation, wa	as it:					
• •	foundation		pped in organic or o	conventional wax	Organic or con	ventional wax	
When will your one y	ear transition be com	pleted?					

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