

NOP §205.236

APICULTURE COLONY APPLICATION

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

Page 1 of 1

	eration Name:		Date:				
۱.	Hive Information	า					
)	Complete the following table for each hive/colony to be certified:						
	Hive Identification	Initial Quantity of Supers	Age of Colony	Product	Planned Frequency of Extraction	Average Yield	Additional Information
	hive. Hive Management						
1)	When did you begin, or plan to begin, organic management of the hive(s)?						
	List the date of the last prohibited material application:						
2)	Was the foundation wax used? Yes No						
3)		vax used?					
3)	☐ Yes ☐ No	vax used? oundation wax replace	ed, and any exis	ting brood comb re	moved?		
3)	☐ Yes ☐ No a) If yes, was the fo ☐ Yes ☐ No 1. If you replace	oundation wax replace	as it:	·			
)	☐ Yes ☐ No a) If yes, was the fo ☐ Yes ☐ No 1. If you replace ☐ Organic	oundation wax replace	as it: ic foundation dip	·	moved?	Organic or con	ventional wax

NOPB82, V1, R3, 11/15/19 Page **1** of **1**

www.ccof.org









(831) 423-2263

