



Office use only

Application No:

Date received:

APICULTURE MOVEMENT APPLICATION FORM

All sections to be completed in BLOCK CAPITALS

Application will be rejected if not filled completely

| | | |
|--|--------------------|--|
| A. OWNER/SELLER NAME | PHONE NO | |
| Total Number of Hives at the Site | | |
| Farm Location (Where hives are kept currently) | Division | |
| | Province | |
| | District | |
| | Locality / Village | |

| | |
|---------------------------|--|
| Reason for Movement | |
| Vehicle Number | |
| Expected Date of Movement | |

| | |
|---|--|
| B. ONLY COMPLETE IF OUTER ISLAND MOVEMENT OR BOAT TRAVEL | |
| Vessel Name | |
| Voyage Number | |
| Expected Departure Time and Date | |
| Expected Arrival Time and Date | |
| Port of Loading | |
| Port of Unloading | |

| C. MOVEMENT DETAILS | | | | | |
|---------------------|-------------------------------|-----------------------------|------------------------------------|--------------------------------|-----------------------------------|
| | Name of the receiver or buyer | Address of buyer / receiver | Contact number of buyer / receiver | Village / locality of bee farm | Number of hives/Nucs/ queen bees/ |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

| | | |
|---------------------------------|--|--|
| Signature of the Applicant | | |
| Name of the Applicant | | |
| Date of Lodgment of Application | | |

CONDITIONS

1. Please lodge completed application form 10 days in advance of expected date of movement.
2. BAF will approve or decline bee movements based on apiary and area status for American Foulbrood (AFB).
3. Farm status is designated by the Authority based on AFB and testing history.