This application is made pursuant to the *Livestock Disease Control Act 1994* and the *Livestock Disease Control Regulations 2017*.

Please complete **ALL RELEVANT** sections and write in **BLOCK LETTERS.**

**Enquiries** and **completed forms** should be sent to**honeybee.biosecurity@agriculture.vic.gov.au**

**Part A- Certification by owner**

I, [full name of owner]

of [owner address]

 [phone number] [mobile] [email]

CERTIFY THAT:

1. I propose to introduce\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\*kg/\*number) of \*honey/ \*comb honey/\*honeycomb/\*beeswax/\*pollen/\*bee colonies/\*packaged bees/\*used beekeeping fittings/\*queen bees/\*escorts/\*queen cells/\*other bee products into Victoria\* on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[date]

TO the consignees specified in Attachment A.

Of the addresses respectively specified in Attachment A.

\*2. The above bees, bee products, pollen or fittings are not from an apiary that is located in a quarantine area or in an area in which their movement is restricted, due to a disease of bees, or from an apiary showing symptoms of American foulbrood disease or from hives showing field symptoms of another disease of bees.

2A. As the above bees are from an apiary containing 50 or more hives, a honey culture test result issued by a laboratory has been provided to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[relevant State department] that is not more than 12 months old and a copy of the results accompanies this certificate.

\*3. The above bees, bee products, pollen or fittings are from an apiary located in a quarantine area in respect of a disease of bees or subject to restrictions on movement due to a disease of bees but the Secretary to the Department of Energy, Environment and Climate Action (Victoria) has given the attached written approval for their introduction.

\*4. The comb honey is dispatched from Tasmania and has been frozen and processed in accordance with regulation 56(a) to (e) and a copy of the temperature data log accompanies this certificate.

\*5. Pollen used for feeding to bees \*has been/\*will be irradiated to a minimum of 15 kilogray \*prior to/ \*immediately after introduction into Victoria.

Signature of \*owner/\*owner's agent on behalf of the owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: / /

\*Strike out alternatives not applicable

Part B - Certificate by government apiary officer

I, [full name]

of [postal address]

 [phone number] [mobile] [email]

being a government apiary officer in [\*State/Territory]

CERTIFY THAT:

\*Strike out alternatives not applicable

\*1. After due inquiry I have no reason to doubt the correctness of the certification in Part A.

\*2. There is no evidence of braula fly in the bees, pollen or used beekeeping fittings.

Signature of government apiary officer: Date: / / .

ATTACHMENT A

**NOTE: For privacy DO NOT provide this part of the health certificate to consignees. This is for department officers only.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| **Name of consignee/s** | **Address/es of consignee** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

 |  |
|  |  |