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**

**1. Consignment details**

(a) Quantity of \*honey/\*beeswax/\*pollen to be introduced:

(b) \*Number and description of used beekeeping fittings to be introduced:

(c) Present location of honey, beeswax, pollen or fittings:

(d) Owner of apiary of origin of honey, beeswax, pollen or fittings:

**2. Certification**

I, [full name of owner]

of [postal address]

 [phone number] [mobile] [email]

being the \*owner/\*owner's agent of the \*honey/\*beeswax/\*pollen/\*used beekeeping fittings from hives affected by American foulbrood disease described above to be introduced into the State of Victoria from any other State or Territory of the Commonwealth

CERTIFY THAT: \*Strike out alternatives not applicable

\*1. The quantity of \*extracted honey/\*beeswax specified above is to be forwarded direct to the processing plant approved by the Secretary located at [address] in Victoria.

\*2. The \*pollen/\*used beekeeping fittings will be sufficiently irradiated by gamma radiation at a plant approved by the Secretary located at [address] in Victoria.

\*3. The proposed date of consignment of the \*honey/\*beeswax/\*pollen/ \*used beekeeping fittings to the above-named plant is: [date]

 4. The method of transport will be: [insert method]

\*5. The containers (except for containers placed inside a larger container) of the \*honey/ \*beeswax/ \*pollen/ \*used beekeeping fittings have been labelled with weather-proof labels setting out the name of the owner of the apiary of origin or the owner's agent and a contact number of an inspector in Victoria and the words "This load contains American foulbrood diseased material which is highly infectious to honey bees. In the event of an accident contact an apiary inspector appointed under the Livestock Disease Act 1994 as soon as possible.".

\*6. The \*pollen/\*used beekeeping fittings described above have been sufficiently irradiated by gamma radiation before introduction into Victoria and are consigned to: [name of consignee]

 [address of consignee]

 [phone number] [mobile] [email]

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

**Part B - Certificate by government apiary officer**

I [name] of [business address]

 [phone number] [mobile] [email]

being an apiary officer, of the Department of [government agency name] in [State or Territory]

CERTIFY THAT: \*Strike out alternatives not applicable

1. the processing plant in Victoria is approved by the Secretary for the receipt of the \*honey/\*beeswax/\*pollen/\*used beekeeping fittings.

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

Signature of government apiary officer: Date: / / .