



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.