

VENDOR DECLARATION - HONEY BEE COLONIES AND USED BEEKEEPING EQUIPMENT

(Not to be used for delivery of honey to packers)

This form is to be completed by the vendor or authorised representative of the vendor. Upon completion, a copy is to be forwarded to: honeybee.biosecurity@nre.tas.gov.au

Vendor name:	
Vendor beekeeper registration code:	
Vendor Address (street, suburb, post code):	
Vendor Phone Number:	
Purchaser:	

Detail of Sale:		
Item	Quantity	Description

VENDOR DECLARATION	
For bee colonies:	
1. How long have the bee colonies described above been managed by the vendor? Less than 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> More than 12 months <input type="checkbox"/>	
2. Have clinical signs of American Foulbrood (AFB) (<i>Paenibacillus larvae</i>) been detected in the bee colonies described above in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Have the bee colonies described above been treated with Oxytetracycline in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, treatment details and date:	
4. Has a honey culture test for AFB been conducted in the last 12 months on the bee colonies described above? If yes, given details below. Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Test: _____ Test Score: negative <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/>	
For used beekeeping equipment:	
5. The used beekeeping equipment described above has been owned and used by me for: _____ years _____ months	
6. Does the used beekeeping equipment described above have a history of AFB? Yes <input type="checkbox"/> No <input type="checkbox"/> Has the used beekeeping equipment described above been sterilized by gamma-irradiation? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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For both bee colonies and used beekeeping equipment:

7. Have the items described above been exposed to any substance which is toxic to bees or humans?
Yes No Don't Know

If yes, name of substance: _____ Date of exposure: _____

I _____ (full name) **agree that:**

1. If, within 7 days of the purchaser taking possession of the beehives, AFB is suspected and later confirmed by an apiary inspector; and
2. In the opinion of the apiary inspector this AFB infection was present prior to this 7-day period; and
3. Acknowledgment of the above in the form of a certificate is provided by the apiary inspector to the purchaser, and all parties were notified when AF was initially suspected,

that the sale will be null and void, and:

1. I will remove these beehives or used beekeeping equipment from the purchaser's possession within 7 days of notification of the confirmed AFB diagnosis; and
2. I will pay all transport costs of the hives or used beehive equipment to and from the purchaser's property; and
3. Where payment for the beehives or used hive equipment has been made, I will refund the purchase price in full and if the purchaser decides to retain and sterilise the diseased used beekeeping equipment, I will pay for the cost of irradiation and any bees destroyed on the order of an apiary inspector.

Declared at: _____ on (date): _____

Signed: _____ Please print your name: _____