

**VENDOR DECLARATION
HONEY BEE COLONIES AND USED BEEKEEPING EQUIPMENT**

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

To be completed by the vendor or an authorised representative of the vendor. Upon completion, please email a copy to: **honeybee.biosecurity@nre.tas.gov.au**

Vendor's beekeeper registration number:

I (Full name):

of (Address):

..... Postcode:

Telephone (Private): (Business):

am the owner / authorised representative (*delete one*) of the bee colonies or used beekeeping equipment detailed below:

Item	Quantity	Description

I declare that:

1a). The bee colonies described have been managed by me for (*please indicate*):
 Less than 6 months 6 to 12 months More than 12 months

1b). The used beekeeping equipment has been owned and used by me for:
 years months

2a) American Foulbrood (*Paenibacillus larvae*) has not been detected in the bee colonies in the previous 12 months (*please indicate*):
 Yes No Don't Know

2b) The used beekeeping equipment has (*please indicate*):
 * No history of American Foulbrood *or*
 * Has been sterilised by gamma-irradiation at Steritech

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3) Have the bee colonies above been treated with Oxytetracycline in the last 12 months
(please indicate)

Yes No Don't Know

4) A honey culture test was conducted on honey extracted from the hives on:

.....(date)

The test result was (please indicate):

negative 1+ 2+ 3+

5a) Have the items been exposed to any substance which is toxic to bees or humans
(please indicate)

Yes No Don't Know

5b) If yes, name of substance:

Date of exposure:

And I agree that:

1. If within 7 days of the purchaser taking possession of the beehives, American Foulbrood 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 American Foulbrood was initially suspected,

Then I agree that the sale will be null and void, and that:

I will remove these beehives or used beekeeping equipment from the purchaser's possession within 7 days of notification of the confirmed American Foulbrood diagnosis, and,

1. I will pay all transport costs of the hives or used beehive equipment to and from the purchaser's property, and,
2. Where payment for the beehives or used hive equipment has been made, I will refund the purchase price in full. But if the purchaser decides to retain and sterilise the diseased used beekeeping equipment, then 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: