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|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. |
|  In accordance with Section 59(2) of the *Northern Territory Livestock Act, 2008*  |
| Use this form to apply for approval for the movement of queen bees and escorts into the Northern Territory from another state or territory. This certificate is valid for 1 month from the date of authorisation. The completed form must be prepared in triplicate. One copy to be sent directly to **Plantbiosecurity@nt.gov.au** to authorise movement before the bees are shipped. A second copy to accompany the consignment and the third copy to be kept by the exporter. |
| Details of supplier/agent/person in charge |
| Full Name |  | **Phone** |  |
| Postal address |  | **Email** |  |
| Source apiary address |  |
| Details of buyer/receiver in the NT |
| Full Name |  | **Phone** |  |
| Postal address |  | **Email** |  |
| Destination address |  | **PIC number** |  |
| Details of Shipment |
| Number of queen bees and escorts |  | Proposed date of shipment |  |
| Proposed date of arrival  |  |
| Declaration of supplier/agent/person in charge |
| I hereby declare that: 1. the queen bees and not more than 6 escorts, have been hand-picked, and the shipment is free from small hive beetle (*Aethina tumida*), and;
2. the queen bees and not more than 6 escorts are derived from an apiary free of American foulbrood (*Paenibacillus larvae*) and European foulbrood (*Melissococcus pluton*) and the apiary has had a honey culture test for AFB and EFB at an approved laboratory with negative results, and;
3. the queen bees and escorts are not from an apiary showing field symptoms of any other disease of bees and are not located in a quarantine area or an area in which the movement of bees is restricted due to a bee disease, and;
4. honey used in bee candy, bee collected pollen and other food for bees that contains bee products in this shipment, has been irradiated with 15 kilo Gray; and;
5. queen cages in this shipment are new and have not previously been used in relation to bees.
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| Signature  |  |
| **Declaration by Government Inspector** |
| I being an Apiary Inspector/Government Inspector in the state of  hereby certify that after due enquiry I have no reason to doubt the correctness of the above declaration.  |
| Signature |  | Designation |  |
| Phone |  | Date |  | Email |  |
| Office use only – to be completed by a Plant Biosecurity Officer |
| Date received |  | Approved/not approved | Name |  |