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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 bee products and used equipment 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 shipment. 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** | |  | |
| Apiary/business address | | | |  | | | | | | | | |
| Details of buyer/receiver in the NT | | | | | | | | | | | | |
| Full Name | |  | | | | | | | **Phone** | |  | |
| Postal address | |  | | | | | | | **Email** | |  | |
| Destination address | | |  | | | | | | | | **PIC number** |  |
| Details of Shipment | | | | | | | | | | | | |
| Type and amount (kg/number) of products or equipment (honey/ honeycomb/ beeswax/ pollen/ used equipment/ or other – please specify) | | | | |  | | | | Proposed date of shipment | | |  |
| Proposed date of arrival | | |  |
| Declaration of supplier/agent/person in charge | | | | | | | | | | | | |
| I hereby declare that: (\*delete parts not applicable)   1. \*the equipment and/or appliances described herein: 2. are free from honey, beeswax, propolis, hive material and contamination with honey bee diseases, and; 3. all metal parts of the equipment have been irradiated with 15 kilo Gray or steam cleaned to the satisfaction of an interstate inspector, and; 4. all non-metal parts of the equipment are irradiated with 15 kilo Gray or dipped in hot wax or a caustic solution, in either case to the satisfaction of an interstate inspector, and; 5. immediately after treatment, the equipment is placed in secure conditions that prevent infestation by a bee disease 6. \*honey for human consumption has been pasteurised by heating to a temperature of 65°C for not less than 8 hours or 70°C for 2 hours 7. \*honey used in bee candy, bee collected pollen and other food for bees that contains bee products, has been irradiated with 15 kilo Gray 8. \*beeswax has been refined by heat treatment to melting point | | | | | | | | | | | | |
| 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 PBB Officer | | | | | | | | | | | | |
| Date received | |  | | | Approved/not approved | | | Signature | |  | | |
|  | | | | | | | | | | | | |