

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.

Vendor Name		
Vendor Beekeepers Registration Number		
Vendor Address (Street,Suburb,Postcode)		
Vendor Phone Number		
Purchaser Name		
Purchaser Beekeepers Registration Number		
Purchaser Address (Street,Suburb,Postcode)		
Purchaser Phone Number		
Detail of Sale		
Items	Quantity	Description
VENDOR DECLARATION		
For Live Bee Colonies: (includes bee packages and queen bees with escorts)		
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 the bee colonies been inspected for the presence or absence of <i>Varroa destructor</i> in the last month? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what method was used (include date of test, method, number of hives tested, varroa presence/absence):		
3. Has <i>Varroa destructor</i> been detected in the apiary or in the bee colonies described above?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, state date of most recent test, number of mites, number of colonies infested:		
4. Have the bee colonies described above been treated for <i>Varroa destructor</i> mite in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, treatment details and date treated, consider attaching 12 month colony history separately:		
5. Have field symptoms of American foulbrood (AFB) (<i>Paenibacillus larvae</i>) been detected in the bee colonies described in the last 12 months?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, state number of hives affected, barrier systems, Honey Culture Test result, actions taken:		
6. Any other signs of pest or disease, notifiable or not, list all:		
7. 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 treated:		
For Used Beekeeping Equipment:		
8. The used beekeeping equipment described above has been owned by me, the vendor, for: _____ years _____ months.		

9. Does the **used beekeeping equipment** described above have a history of AFB?

Yes No

Has the **used beekeeping equipment** described above been sterilised by gamma-irradiation?

Yes Date: _____ No

Copy of documentation should be provided separately.

10. Does the **used beekeeping equipment** described above come from an apiary or operation that is positive for Varroa destructor?

Yes No

Has this equipment been used with any Varroa Chemicals, if so list:

For both bee colonies and used beekeeping equipment:

11. Have the items described above been exposed to any substance which is toxic to bees or humans?

Yes No

If yes, name of substance: _____

Date of exposure: _____

Vendor Agreement regarding AFB and Varroa:

I _____ (full name of vendor) agree that:

American Foulbrood (AFB):

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 the 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 AFB and/or varroa was initially suspected,

that the sale will be null and void, and:

4. 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
5. I will pay all transport costs of the hives or used beehive equipment to and from the purchaser's property; and
6. 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.

Varroa

7. It is assumed all parties were notified if Varroa is or is not present in the beehives (ref.Q2, 3 & 4 above),
8. If, within 7 days of exchange of declared varroa free beehives, the purchaser of beehives suspects Varroa mite infestation is present and later confirmed by an apiary inspector; and
9. Acknowledgment of the above Varroa infestation in the form of a certificate is provided by the apiary inspector to the purchaser,

Then the sale may or may not be refundable depending on:

10. The presence of Varroa will be reportable to the relevant biosecurity authority or apiary inspector in accordance with applicable laws and regulations; and
11. The purchaser acknowledges that the detection of Varroa does not, in itself, nullify the sale unless where Varroa is yet to be a declared pest, may be restricted or illegal, and both parties agree to act in compliance with all such legal requirements.
12. The vendor and purchaser will cooperate fully with biosecurity authorities to comply with any containment, treatment, or destruction orders that may be issued,

Declared at: _____ on (date): _____

Vendor Name: _____ Vendor Signature: _____

Purchaser Name: _____ Purchaser Signature: _____