



APPLICATION FOR SHIPPING BEES AND ELEMENTS OF BEEKEEPING INTO INDIANA

State Form 49599 (1-00)

Approved by State Board of Accounts, 2000

State of Indiana Department of Natural Resources Division of Entomology and Plant Pathology 402 West Washington Street, Room W290 Indianapolis, IN 46204 (317) 232-4120
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INSTRUCTIONS:

1. Please read and complete both sides of this application.
2. Attach an **Inspection Certificate** (*from the place of origin*) to this form.
3. Mail completed form and attached Inspection Certificate (*or copy*) to address listed on back.

A beekeeper may not ship or bring elements of beekeeping into Indiana from another state or country unless the elements of beekeeping are accompanied by:

- (a) A permit issued by the Division of Entomology and Plant Pathology under IC 14-24-8-4; and
- (b) A certificate from the place of origin.

The certificate from the place of origin must state:

- (1) The apiary from which elements of beekeeping are to be shipped (*except queens and combless bees*) was inspected not more than thirty (30) days before shipment.
- (2) The apiary from which the queens or combless bees are to be shipped was inspected not more than sixty (60) days before shipment.
- (3) The inspection took place during active brood rearing and was found free of pests and pathogens.

IC 14-24-8-4(a, b and c)

PLEASE PRINT OR TYPE

1 SHIPPER		
Name of shipper	Name of contact person	
Address (<i>number and street or RR</i>)	Telephone number	
City	State	ZIP code

2 SHIPMENT FROM		
Name of apiary or individual	Name of contact person	
Address (<i>number and street or RR</i>)	Telephone number	
City	State	ZIP code
Location of apiary (<i>if different from address above</i>)		

3 TYPE AND QUANTITY OF SHIPMENT			
Packaged bees	Queens	Nucs	Hives

4 DATE OF ENTRY INTO INDIANA		
Day	Month	Year

5 FINAL DESTINATION OF BEES AND ELEMENTS OF BEEKEEPING			
Additional names may be listed on the back of this form or on an attached copy. (<i>Must be completed per IC 14-24-8-4.</i>)			
Name	Address	Amount	Type

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