



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Agricultural Resource Management Division
 Plant Industry Bureau
 PO Box 8911
 Madison WI 53708-8911
 Phone: (608) 224-4572 Fax: (608) 224-4656
<https://datcp.wi.gov> Email: elizabeth.meils@wisconsin.gov

APIARY PROGRAM

2017 WISCONSIN HONEY BEE IMPORT REPORT (Wis. Stats. Sec 94.76, Wis. Admin. Code ATCP 21.13)

BUSINESS NAME	PHONE
CONTACT NAME	FAX
ADDRESS	EMAIL
CITY, STATE, ZIP	WEBSITE

Mail, email or fax a copy of a **Certificate of Inspection** issued by your local Apiary Service with this form.
 The Certificate must be valid through the 2017 shipping season.

- I was inspected in Wisconsin in 2016.
 I would like to be contacted for a Wisconsin inspection in 2017.
 I am no longer selling or distributing bees into Wisconsin, please remove me from this list.

Estimate the **total number** of queens, packages, beehives, nucs and used equipment you expect to ship into Wisconsin this year:

BEEHIVES	PACKAGES	DATE OF FIRST SHIPMENT
QUEENS	NUCS	SHIPPING METHOD <input type="checkbox"/> MAIL <input type="checkbox"/> TRUCK
USED EQUIPMENT		<input type="checkbox"/> OTHER:

Check all that apply to your beekeeping operation:

<input type="checkbox"/> QUEEN/PACKAGE	<input type="checkbox"/> MIGRATORY*	*WINTERING STATE/ADDRESS
<input type="checkbox"/> STATIONARY	<input type="checkbox"/> ONE-TIME	
<input type="checkbox"/> SUPPLIER	<input type="checkbox"/> OTHER:	

List your distributor(s) in WI, if other than you: (name, address, phone number)

List the source(s) you purchase bees from to import into WI: (name, address, phone number)

****Sign, date and return this form, along with the Certificate of Inspection before you ship or move bees to Wisconsin in 2017****

SIGNATURE	DATE
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