

# THE COMMONWEALTH OF MASSACHUSETTS



EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS

## Department of Agricultural Resources

101 University Drive, Suite C4, Amherst, MA 01002

Phone: 617-626-1720 Fax: 617-626-1850 Apiary Program Message Line: 617-626-1801

Webpage: <http://www.mass.gov/eea/agencies/agr/farm-products/apiary/> Email: [hive.inspection.request@state.ma.us](mailto:hive.inspection.request@state.ma.us)

### APIARY INSPECTION REQUEST FORM

**INSTRUCTIONS:** *This form is required for the inspection of your apiary and associated honey bee colonies/equipment. Upon completion, submit to the above address. If your request is an emergency (i.e. dead out/sudden hive death, suspected American Foulbrood, etc.) please leave a message on the Apiary Program Message Line and an inspector will contact you to setup an emergency inspection.*

#### BEEKEEPER INFORMATION

Level of Beekeeping Experience:  New beekeeper  1-2 years  3-5 years  5-7 years  7+ years

Name:			
Address:			
City, State, Zip:		County:	
Email:		Phone #:	

#### APIARY INFORMATION

Apiary Name/Number	County	City	Address (street/road name or GPS coordinates)

#### INSPECTION REQUEST

I request an inspection of the following (select all that apply and include totals of each):

Colonies \_\_\_\_\_  Nucleus Colonies (nucs) \_\_\_\_\_  Hive Equipment \_\_\_\_\_  Other \_\_\_\_\_

I request to be issued permit documents for interstate movement of honey bee colonies and hive equipment after the inspection:  Yes  No

I request an annual inspection during the following month:

December  January  February  March  April  May  
 June  July  August  September  October  November

Please provide any additional information that you want the inspector to know prior to the visit \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Beekeeper Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_