

THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS

Department of Agricultural Resources

101 University Drive, Suite C4, Amherst, MA 01002

Phone: 413-548-1900 Fax: 413-548-1901 Apiary Program Message Line: 617-626-1801

Webpage: <http://www.mass.gov/apiary-program-honey-bees> Email: bees@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 colony 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 2-4 years 4-8 years 8+ years

Name:			
Address:			
City, State, Zip:		County:	
Email:		Primary 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 two (2) months*:
***Note: All inspections will be limited to two (2) per apiary/per year unless in cases of emergency as described above.**
 December January February March April May
 June July August September October November

Please provide any additional information the inspector should know prior to the visit _____

Beekeeper Signature: _____ **Date:** ____/____/____