



STATE OF MAINE
DEPARTMENT OF AGRICULTURE, CONSERVATION & FORESTRY
 DIVISION OF ANIMAL AND PLANT HEALTH
 28 STATE HOUSE STATION
 AUGUSTA, MAINE 04333-0028

JANET T. MILLS
GOVERNOR

AMANDA E. BEAL
COMMISSIONER

Notification of Importation of Honey Bees

Pursuant to Title 7 MRSA Chapter 523, this form must be received by the Maine Department of Agriculture, Conservation and Forestry before any bees or used equipment are moved from any other state or country into the State of Maine. A registration fee in accordance with the fee schedule found on page 6 of the Maine Apiary Rules and Regulations must accompany this form in addition to a certificate of health issued by a legally authorized inspector at the point of shipment indicating the shipment is free from regulated diseases.

Check or money order should be made payable to the "Treasurer, State of Maine" and sent along with the completed Notification of Importation form and a health certificate from the location of origin to the address given above. Upon receipt of this form, a health certificate, and payment, you will be issued a "Permit to Move Colonies of Bees or Used Equipment into Maine".

Name	Company Name		
Address	City	State	Zip
Email	Phone		

Reason(s) for moving the bees to Maine:

Pollination
 Honey Production
 Other

Please list any identification marks (brands, ID numbers, colors, etc.) associated with your colonies:



If colonies are imported for crop pollination, provide the name and addresses of all persons or companies for whom pollination is to be performed, the number of colonies involved, and the crop being pollinated. Use a separate sheet of paper for additional growers.

Name	Address	# of colonies	Crop

If colonies are leased or brokered from another beekeeper, please provide the name(s) and address of the individual(s) who leased the colonies, the number of colonies and any identification marks for the brokered colonies.

Name	Address	# of colonies	Marks/Brands

If colonies are used for honey production, please provide the name and address of the land holding company(ies) or individual(s), the number of colonies involved and the nectar source.

Name	Address	# of colonies	Nectar Source

Please indicate which state(s) the colonies will be moving to following their time in Maine and if you will need a health certificate issued for those colonies. If you need a certificate also provide the number of colonies you will be moving and the destination address.

State	Certificate (Y/N)	# of colonies	Address