

New Zealand Beeswax Ltd Treatment Declaration

Beekeeper (Apiary) Name:	
MAF Registration Number:	

The following declaration is required from **Suppliers**.
All information supplied will be used and retained for Quality assessment purposes

1. Indicate the type of miticide treatment used on hives. (✓)

Apivar	Bayvarol	Apistan	Other – please state

2. Has PDB EVER been used in the treatment of the hives?

3. Has Apistan EVER been used?

4. Define any other chemical treatments used for pest control in your hive:

5. What materials have been used in the care of the hives?

Tanalised Timber Paraffin wax dipping MetelX Other _____

6. Over what time period has the beeswax been collected?

I declare that all the details provided in this document are true and correct. I am aware that the details provided will be received and retained by NZ Beeswax Ltd and consent to that happening.

Beekeeper Signature:

Date: