

NZB Harvest Declaration

This document provides information to support the fitness for purpose and traceability of bee products intended for export for human consumption, in accordance with the Animal Products Notice: General Export Requirements for Bee Products as issued under section 60 of the Animal Products Act 1999.

Beekeeper name: <i>Johnny Bees</i>	Beekeeping apiary name & business address:
Beekeeper Listing ID: <i>L2892</i> <small>(Beekeeper listing ID as assigned by MPI, or the relevant RMP ID or Food Act risk-based measure ID)</small>	<i>123 Nowhere Street Orari Geraldine 7992</i>
Beekeeper identification code: <i>JohnB1</i> <small>(as contained in the Apiarist Register operated under the American Foulbrood Pest Management Plan)</small>	Must be for the honey house, where the honey was extracted
Receiving RMP identifier: NZ Beeswax LTD, 5BW	

Must be actual date, ie from 1 Feb 2010-15 Mar 2010. If collected over a season, put the 1st of the month you started and the 30th of the month you finished

Consignment Detail				
Product type	Quantity	Identified as (Optional)	Apiary registration number(s)	Date of harvest
<i>Beeswax</i>	<i>100kg</i>	<i>JBA</i>	<i>All registered apiary sites</i>	<i>1 Feb- 30 Mar 2010</i>
<i>Frames</i>	<i>2 pallets</i>		<i>As above</i>	
<i>Slum</i>	<i>1 pallet</i>			
Varroa Treatment Declaration				
<i>Apivar</i>	<i>Bayvarol</i>	<i>Formic Pro</i>	<i>Other - Please State</i>	
✓	✓	✓	<i>Oxalic Acid</i>	

Or list the site I.D.'s

The following statements relate to the location(s) and period of time that the hive was producing the products covered by this declaration:

- (a) Only veterinary medicines or agricultural compounds permitted for use in beehives or beekeeping equipment have been used, and they have been used in accordance with any label or approval conditions (also tick "Yes" if no veterinary medicines or agricultural compounds have been used).*
- (b) The bee products and beekeeping equipment have been stored and transported under conditions which minimise exposure to contamination.*
- (c) All apiaries are operated in compliance with the American Foulbrood Pest Management Plan.
- (d) Any feeding of bees during the harvest season complies with the Animal Products Notice: General Export Requirements for Bee Products.

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

*If you have answered "NO" to (a), or (b) above please provide further details (e.g. product name, date, and code) for affected product, and explain why this product should be considered suitable for human consumption.

I declare that all the statements made in this document are true and correct. I am aware that the details provided will be received and retained by the processor and may be provided to the New Zealand Food Safety Authority for the general administration of the Animal Products Act 1999. I consent to that happening.

Apiarist or beekeeper signature: _____ **Date:** ____/____/____

Don't forget to Sign and Date the Form

Note: It is in offence under section 127 of the Animal Products Act 1999 to provide false or misleading information in this statement. Under Principle 3 of the Privacy Act 1993 we advise that:

- (a) this information is being collected to support the fitness for purpose and traceability of bee products for export in accordance with the requirements of the Animal Products Notice: General Export Requirements for Bee Products; and
- (b) the recipient and the person that will hold this information is the operator identified in this form. The agency that will collect the information, is the Ministry for Primary Industries, P O Box 2526, Wellington; and (c) the supply of this information is mandatory for the purposes of export and failure to provide the requested information will result in bee products being ineligible for export; and
- (d) under Principles 6 and 7 of the Privacy Act 1993, you have the right of access to, and correction of, any personal information, which you have provided.

Office Use Only:

Wax/Rendering Docket Number:	Signature:	Date:
Harvest Declaration Number (as assigned by the processing/extraction operator):		