

Send NZB the Original document - you keep a copy for your records

New Zealand Beeswax Ltd Treatment Declaration

Beekeeper (Apiary) Name:	Johnny Bees Apiaries
MAF Registration Number:	JohnB1

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
✓			

Tick ONLY if treated. Put a line through if NO treatments have been used

2. Define any other chemical treatments used for pest control

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

Tanalised Timber Paraffin wax dipping MetelX Other _____

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

eg: Feb–April 2011

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:

Don't forget to Sign and Date the form

It is important that you replace the information on this form with your own, this form is intended as a guide and the information provided is an example only.