

APPENDIX 1

CERTIFICATION OF COMPLIANCE WITH THE CODE

Date of your last successful completion of an approved Honey bee Pest and Disease Training Course or the *Beekeeper Biosecurity Training and Assessment Program* to comply with Section 9 of the *Code*? / /

Provider reference No.

RESULT

Dates over which all *hives* were inspected to comply with Sec. 3.1 of the *Code*

/ / to / /
 / / to / /
 / / to / /

Dates over which all *hives* were inspected to comply with Sec. 3.2 of the *Code*

/ / to / /
 / / to / /
 / / to / /

Tick the method(s) used for mite examination:

- ☐ Alcohol wash
☐ Soapy water wash
☐ Sugar shake
☐ Drone uncapping (but not suitable for determining subsequent mite treatment threshold)

Date of your last independent honey test for *American foulbrood* to comply with Sec. 10 of the *Code*.

/ /

Testing laboratory Laboratory reference number

RESULT

☐ Positive / ☐ Negative

During the past 12 months I have maintained management standards that are fully compliant with the Australian Honeybee Industry Biosecurity *Code of Practice*, including maintained accurate, legible, records of all biosecurity-related activities in accordance with Part B Section 5 of the *Code*.

☐ Yes / ☐ No

I certify that the above information is true to the best of my knowledge

Name

Signature

Date

/ /