



## Application for registration as a beekeeper

Biosecurity and Agriculture Management (BAM)  
Identification and Movement of Stock and Apiaries (IMSA)  
Regulations 2013, Regulation 13

### Applicant details

Owner/company/business name	<input type="text"/>		
Trading as (if used)	<input type="text"/>		
Postal address	<input type="text"/>	Postcode	<input type="text"/>
Residential address	<input type="text"/>	Postcode	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
		Mobile	<input type="text"/>
Email	<input type="text"/>		
Number of hives	<input type="text"/>	Number of apiaries (sites where hives are kept)	<input type="text"/>
Hive brand requested	<input type="text"/>		

(A hive brand consists of two letters and a number (0 to 9) in any order).

### Signature/s

I/We enclose the approved fees and request that you register me/us as a beekeeper for three years plus allocate a hive brand as requested.

Full name	Position	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Fee \$76.50** (GST exempt) (including the hive brand fee)

- A person who owns, or has the charge, care or possession of, bees or any hive that contains, or has contained, bees is a beekeeper and is required to be registered as such within 14 days after becoming a beekeeper (Biosecurity and Agriculture Management - Identification and Movement of Stock and Apiaries, Regulations 2013, Regulation 13).
- Every hive owned by a beekeeper shall be branded with a registered brand (Regulations 202, 203).

### Payment options

**By post - credit card details or cheque to:**

Department of Primary Industries and Regional Development, PO Box 1231, Bunbury WA 6231

**In person - cash, eftpos, credit card or cheque:**

Any Department of Primary Industries and Regional Development office. Cash payments are not available at the South Perth office.

**Make cheque payable to 'Department of Primary Industries and Regional Development'.**

**Complete this section if paying by credit card**

Card number	<input type="text"/>	<input type="checkbox"/> MasterCard
Cardholder name (please print)	<input type="text"/>	<input type="checkbox"/> Visa
Expiry date	<input type="text"/>	Amount: \$76.50 (GST exempt)
Signature	<input type="text"/>	Contact number
	Print and sign	<input type="text"/>

### Office use only

Receipt number:	Date:	Officer:	Office:
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