

## 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 \_\_/\_\_/\_\_

Dates over which all hives were inspected to comply with Sec. 3. 2 of the **Code**.

\_\_/\_\_/\_\_ to \_\_/\_\_/\_\_

Tick the method(s) used for mite examination:

\_\_/\_\_/\_\_ to \_\_/\_\_/\_\_

- Sugar shake
- Alcohol wash
- Drone uncapping

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: \_\_\_\_\_

