



Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Agricultural Resource Management

PO Box 8911, Madison, WI 53708-8911

Phone: (608) 807-6589 Fax: (608) 224-4656 Email: datcpapiary@wisconsin.gov

Apiary Program: Honey Bee Import Report

Wis. Stat. § 94.76, Wis. Admin. Code § ATPC 21.13

Completion of this form is required to ship live honeybees or used beekeeping equipment into Wisconsin. Personal information that you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04 (1)(m)

Before shipping live honey bees, queens, or used beekeeping equipment into Wisconsin, you must report the import shipment to DATCP in writing and provide a valid Certificate of Inspection. Each certificate shall be based on an inspection performed by a pest control official within 12 months prior to the import shipment date. A single report and certificate may cover two or more import shipments made in the same calendar year.

1. BUSINESS OR INDIVIDUAL MAKING IMPORT

BUSINESS NAME (If importer is a business)			PHONE NUMBER () -	EMAIL
INDIVIDUAL'S NAME (If importer is an individual person)			STREET ADDRESS	
CITY	STATE	ZIP	COUNTY	

2. ORIGIN OF HONEY BEES OR EQUIPMENT (person or business, outside of Wisconsin)

BUSINESS NAME (If originator is a business)			PHONE NUMBER () -	EMAIL
INDIVIDUAL'S NAME (If originator is an individual person)			STREET ADDRESS	
CITY	STATE	ZIP	COUNTY	

3. DESTINATION OF HONEY BEES OR EQUIPMENT (if wholesale distributor inside Wisconsin, attach additional pages as needed)

BUSINESS NAME (if recipient is a business)			PHONE NUMBER () -	EMAIL
INDIVIDUAL'S NAME (If recipient is an individual person)			STREET ADDRESS	
CITY	STATE	ZIP	COUNTY	

4. CERTIFICATE OF INSPECTION (mail, email, or fax a copy of Certificate of Inspection, if not inspected in Wisconsin, valid through current shipping season)

<input type="checkbox"/> I have a valid and current (within 12 months) Wisconsin Certificate of Inspection.	<input type="checkbox"/> I will be sending you a copy of my Certificate of Inspection
<input type="checkbox"/> I will need a valid and current Certificate of Inspection upon arrival into Wisconsin.	<input type="checkbox"/> I no longer sell or distribute bees into Wisconsin.
<input type="checkbox"/> I want to go paperless. Please text or email me in the future.	<input type="checkbox"/> Please contact me for a Wisconsin Apiary Program inspection this year.

5. ESTIMATED TOTAL QUANTITY AND DATE FOR SHIPMENT INTO WISCONSIN (includes hives shipped for pollination services)

APPROXIMATE DATE OF FIRST SHIPMENT TO WISCONSIN (MM/DD/YYYY):

TRANSPORTATION METHOD: ☐ TRUCK ☐ MAIL ☐ OTHER (describe)

# BEEHIVES	# PACKAGES	# NUCS	# QUEENS	# PIECES OF HIVE EQUIPMENT
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6. REASON FOR IMPORTATION

<input type="checkbox"/> QUEEN/PACKAGE	<input type="checkbox"/> MIGRATORY	<input type="checkbox"/> LEASING BEES FROM ANOTHER BEEKEEPER
<input type="checkbox"/> STATIONARY	<input type="checkbox"/> ONE-TIME IMPORT	# OF COLONIES LEASED:
<input type="checkbox"/> SUPPLIER	<input type="checkbox"/> POLLINATION SERVICE	<input type="checkbox"/> OTHER (describe):

I CERTIFY ALL INFORMATION PROVIDED ON THIS FORM TO BE TRUE AND ACCURATE.

PRINTED NAME OF HONEY BEE or EQUIPMENT IMPORTER

SIGNATURE OF HONEY BEE or EQUIPMENT IMPORTER

DATE

This form, and all supporting documentation must be emailed, mailed, or faxed to:

datcpapiary@wisconsin.gov, DATCP-ARM-Apiary, PO Box 8911, Madison WI 53708-8911 - Fax: (608) 224-4656