



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management

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Apiary Program: Honey Bee Import Report

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

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 or used beekeeping equipment into Wisconsin for any purpose, you must first report the import shipment to the Department in writing using this form (available online at: <https://tinyurl.com/WI-HBIR>), and provide any applicable, valid inspection certificate(s). A single report may cover two or more import shipments made in the same calendar year. Ask your [local apiary inspection service](#) to forward a valid inspection certificate, or submit a photocopy of the valid certificate with this report. A valid inspection certificate is based on an inspection performed within the last 12 months, and is issued by your [local apiary inspection service](#) (you can use your DATCP Certificate of Inspection issued prior to the bees' departure from Wisconsin). In an effort to respond to pest or pathogen outbreaks, please consider identifying each apiary site by posting the beekeeper's name and phone number in a location that is prominently displayed, weather-resistant, and visible upon approach to the apiary's main entrance.

1. BUSINESS OR INDIVIDUAL MAKING IMPORT SHIPMENT					
LEGALLY FORMED ENTITY'S NAME (Business Entity Name, If importer is a business)		STATE OF FORMATION		DOING BUSINESS AS NAME ("DBA" Name)	
INDIVIDUAL'S NAME (If importer is an individual person)		PHONE NUMBER 1 () -		PHONE NUMBER 2 () -	
STREET ADDRESS		CITY		STATE	ZIP
COUNTY	EMAIL		WEBSITE		
2. FROM WHERE ARE YOU SHIPPING HONEY BEES OR EQUIPMENT? (person or business, outside of Wisconsin)					
LEGALLY FORMED ENTITY'S NAME (Business Entity Name, If originator is a business)		STATE OF FORMATION		DOING BUSINESS AS NAME ("DBA" Name)	
INDIVIDUAL'S NAME (If originator is an individual person)		PHONE NUMBER 1 () -		PHONE NUMBER 2 () -	
STREET ADDRESS		CITY		STATE	ZIP
COUNTY	EMAIL		WEBSITE		
3. WHO IS RECEIVING SHIPMENT OF HONEY BEES OR EQUIPMENT? (if wholesale distributor inside Wisconsin, attach additional pages as needed)					
LEGALLY FORMED ENTITY'S NAME (Business Entity Name, If recipient is a business)		STATE OF FORMATION		DOING BUSINESS AS NAME ("DBA" Name)	
INDIVIDUAL'S NAME (If recipient is an individual person)		PHONE NUMBER 1 () -		PHONE NUMBER 2 () -	
STREET ADDRESS		CITY		STATE	ZIP
COUNTY	EMAIL		WEBSITE		
4. CERTIFICATE OF INSPECTION (mail, email, or fax a copy of a Certificate of Inspection from outside Wisconsin, valid through the current shipping season)					
<input type="checkbox"/> I was inspected by the Wisconsin Apiary Program within the last 12 months.		<input type="checkbox"/> Please contact me for a Wisconsin Apiary Program inspection this year.			
<input type="checkbox"/> I want to go paperless. Please text or email me in the future.		<input type="checkbox"/> I no longer sell or distribute bees into Wisconsin.			
5. ESTIMATED TOTAL QUANTITY AND DATE FOR SHIPMENT INTO WISCONSIN (includes hives shipped for pollination services)					
BEEHIVES		PACKAGES		DATE OF FIRST SHIPMENT	
QUEENS	NUCLEUS COLONY (or "Nucs")	USED EQUIPMENT		SHIPPING METHOD <input type="checkbox"/> MAIL <input type="checkbox"/> TRUCK <input type="checkbox"/> OTHER (describe):	
6. CHECK ALL THAT APPLY (to your beekeeping operation)					
<input type="checkbox"/> QUEEN/ PACKAGE	<input type="checkbox"/> MIGRATORY*	*WINTERING ADDRESS INCLUDING COUNTY, STATE, AND ZIP (provide if you are a migratory beekeeper).			
<input type="checkbox"/> STATIONARY	<input type="checkbox"/> ONE-TIME IMPORT				
<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 mailed, or faxed to:

DATCP-ARM-Apiary, PO Box 8911, Madison WI 53708-8911 - Fax: (608) 224-4656