



Florida Department of Agriculture and Consumer Services
Division of Plant Industry

NOTICE OF QUARANTINE, STOP-SALE AND HOLD ORDER
FOR HONEY BEE COLONIES AND BEEKEEPING EQUIPMENT

ADAM H. PUTNAM
COMMISSIONER

Section 586.13, 586.112, 586.10(3)(c), F.S. / Rule 5B-54.017, F.A.C.

1911 S.W. 34th Street/PO Box 147100, Gainesville, FL 32614-7100/Ph: (352) 395-4700 / Fax: (352) 395-4624

This notice issued to \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

Honey bee colonies infected with American Foulbrood, Paenibacillus larvae, a bacterial disease affecting honey bee larvae, can spread rapidly causing honey bee colony decline and mortality if left unchecked. In accordance with Florida Honey Certification and Honey bee Law, Chapter 586, Florida Statutes, and Rule 5B-54.017, Florida Administrative Code, this order prohibits further sale, barter, exchange, or distribution of any honey bees, honey bee products, honey bee equipment, or other regulated articles.

You are hereby notified that a quarantine is placed on those bee yards listed as infected with American Foulbrood on your Beekeeper's Inspection Report (FDACS-08206, Apiary Inspection Report, Rev. 01/13) of \_\_\_/\_\_\_/\_\_\_\_. A 100% inspection of all colonies in the quarantined yards will be undertaken within seven (7) days. Re-inspection of 100% of the colonies in the quarantined yards is scheduled for \_\_\_/\_\_\_/\_\_\_\_.

In accordance with Section 586.13(1), Florida Statutes, supervised destruction or removal from the state is required of all infected colonies within 48 hours of this notice if disease is unable to be treated. All diseased colonies are marked AFB in letters at least 3 inches high.

ADMINISTRATIVE HEARING AVAILABLE

If you wish to contest the Department's action, you have the right to request an administrative hearing to be conducted in accordance with Sections 120.569 and 120.57, Florida Statutes and to be represented by counsel or other qualified representative. Your request for hearing must contain: 1. Your name, address, and telephone number, and facsimile number (if any). 2. The name, address, telephone number, and facsimile number of your attorney or qualified representative (if any) upon whom service of pleadings and other papers shall be made. 3. A statement that you are requesting an administrative hearing and dispute the material facts alleged by the department, in which case you must identify the material facts that are in dispute (formal hearing), or that you request an administrative hearing and that you do not dispute the facts alleged by the department (informal hearing). 4. A statement of when (date) you received this Notice and the file number of this Notice. Your request for a hearing must be received at the address shown on this Notice within twenty-one (21) days of receipt of this Notice.

HEARING WAIVER AND WAIVER OF RIGHTS ON DESTROYED PRODUCTS

I, \_\_\_\_\_ the person in charge of \_\_\_\_\_ hereby waive a notice and a hearing, as provided in Chapter 120, F.S., and waive all rights in releasing or voluntarily destroying the products listed above.

VOLUNTARY DESTRUCTION

The product(s) listed above have been voluntarily destroyed by: [ ] Owner [ ] Person in Charge

Products destroyed were covered by Stop Sale: [ ] Yes [ ] No Date: \_\_\_\_\_

Reason: \_\_\_\_\_

(Signature) \_\_\_\_\_ (Address) \_\_\_\_\_

Name: \_\_\_\_\_
(Signature of (DACs) Representative)

Name: \_\_\_\_\_
(Signature of Management Official acknowledging receipt of a copy of this document)

(Please Print Name and Title)

(Please Print Name and Title)