



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Plant Industry

**CERTIFICATE OF APIARY INSPECTION FOR OUT OF STATE
AND RE-ENTRY SHIPMENTS INTO FLORIDA**

Section 586.11, F. S. and Rule 5B-54.014, F. A. C.

1911 S.W. 34th St. / P. O. Box 147100, Gainesville, FL 32614-7100 / (352) 395-4700

CERTIFICATE NO. AI-OS _____

DATED ____/____/____

Firm Number	Shipper	Mailing Address	City/State/Zip
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Receiver	Phone No.	Mailing Address	City/State/Zip
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Destination: County _____

Nearest Town _____

SHIPMENTS CONSIST OF:

Number of Pieces

_____ Beehives with live bees

_____ Empty, used supers

_____ Nucs with live bees

The above shipments of bees and/or beekeeping equipment has been inspected for American Foulbrood (AFB) and other diseases on ____/____/____ and meets the requirement of the State of _____ regarding these diseases.

Remarks: _____

By: _____
Division of Plant Industry Representative

This Certificate is Void After ____/____/____

Receipt Number: _____ Check Number _____

Amount of Check: \$ _____

Original – Beekeeper/Truck Driver; Yellow copy – Apiary Office; Pink copy – Apiary Inspector; Gold copy – Beekeeper's Copy