



Florida Department of Agriculture and Consumer Services
Division of Plant Industry

ADAM H. PUTNAM
COMMISSIONER

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

Section 586.13(1),(2),(3), 586.112, 586.10(3), F.S./Rule 5B-54.014, F.A.C.
PO Box 147100, Gainesville, FL 32614-7100/Ph: (352) 395-4700 / Fax: (352) 395-4624

This stop sale order 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 and the removal thereof from such diseased and quarantined apiaries, except under special authority from the Department, until such time as the Division shall have determined and declared that the disease is apparently eradicated from said apiaries. The movement of bee equipment from said apiaries also is prohibited, except when such equipment is first disinfected under the supervision of an agent of the Department. Persons violating any provisions of Chapter 586, Florida Statutes or rules adopted thereunder may be subject to fines and/or penalties as provided for in Section 586.15, Florida Statutes.

You are hereby notified that a quarantine has been placed on the apiary(ies) listed as infected with American Foulbrood on your Beekeeper's Inspection Report (FDACS-08206, Apiary Inspection Report, Rev. 07/17) of ___/___/____. A 100% inspection of all colonies in the quarantined apiary(ies) will be undertaken within seven (7) days. Re-inspection of 100% of the colonies in the quarantined apiary(ies) is scheduled for ___/___/____.

QUARANTINE ACTION(S):

Table with 5 columns: Name of Apiary Quarantined, # of Hives Infested with AFB, # of Hives Destroyed, Date Apiary to be Rechecked, Apiary is rechecked, is apparently free of AFB, and hereby released from Quarantine (Inspector's initials)

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. If you fail to obtain a Release from this Notice or fail to request an administrative hearing within the twenty-one (21) day deadline you waive your right to a hearing and the Department may enter a Final Order imposing up to the maximum penalties as authorized by Florida Law.

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)