



One form per movement, a single starting point with a single destination. Email completed form to  
[varroa.permits@dpi.nsw.gov.au](mailto:varroa.permits@dpi.nsw.gov.au)

Movement details	
Reason for movement of hives:	
If other, provide details	
Planned date of movement (dd/mm/yyyy):	
Number of hives/ packages / Queens:	
Beekeeper details	
Name (First name Surname):	
Hive brand:	
Address:	
Contact number:	
Email:	
Varroa mite online training completed (dd/mm/yyyy):	
Origin (Pick up location, of hives)	
Address/location:	
Most recent own surveillance event(dd/mm/yyyy): Alcohol/ soapy water wash or sugar shake	
Destination (of hives)	
Address/location (if specific street address not available provide gps in addition to available details):	
Property owner/contact person accepting hives:	
Contact number:	
Email:	
PIC or Lot/DP (if available):	
Additional information	
Surveillance event of these hives by DPI (dd/mm/yyyy):	
Comments:	