# **RECORD OF SALE OR DISPOSAL OF HIVES BRF\_002**

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| **First Name:**  | **Last Name:**  | **Registration** **Number:** |
| **Residential Address:**  |
| **Suburb/Town/Postcode:** | **Mob:**  | **Home:** |
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| **Date:** | **Registration no. of person bought from or sold to:** | **Name and address of person you purchased from or sold to OR is the owner of abandoned, diseased, stolen, destroyed or lost hives:** | **Activity (Please tick)** | **Number of hives involved:** | **Location of hives:** | **Notes:** |
|  |  | Full Name:Address:(not PO Box)Phone: | ☐ Bought ☐ Sold ☐ Gifted ☐ Destroyed |  |  |  |
|  |  | Full Name:Address:(not PO Box)Phone: | ☐ Bought ☐ Sold ☐ Gifted ☐ Destroyed |  |  |  |
|  |  | Full Name:Address:(not PO Box)Phone: | ☐ Bought ☐ Sold ☐ Gifted ☐ Destroyed |  |  |  |
|  |  | Full Name:Address:(not PO Box)Phone: | ☐ Bought ☐ Sold ☐ Gifted ☐ Destroyed |  |  |  |
|  |  | Full Name:Address:(not PO Box)Phone: | ☐ Bought ☐ Sold ☐ Gifted ☐ Destroyed |  |  |  |