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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name:** | | | **Last Name:** | | | | **Registration**  **Number:** | |
| **Residential Address:** | | | | | | | | |
| **Suburb/Town/Postcode:** | | | | | **Mob:** | | | **Home:** |
|  | | | | | | | | |
| **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 |  |  | |  |