Allow 72 hrs for processing of application. One form per movement, a single starting point with a single destination. Email completed form to brett.kerruish@dpi.nsw.gov.au

|  |  |
| --- | --- |
| Movement details |  |
| Reason for movement of hives: | Pollination / Other |
| If other, provide details |  |
| Planned date of movement (dd/mm/yyyy): |  |
| Number of hives: |  |
| 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 [alcohol wash](https://forms.bfs.dpi.nsw.gov.au/forms/13537) (dd/mm/yyyy): |  |
| 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 of these hives by DPI (dd/mm/yyyy): |  |
| Comments: |  |