



BEEKEEPER REGISTRATION RENEWAL FORM:

FOR UPDATING OR RENEWING AN EXISTING BEEKEEPER REGISTRATION

Beekeepers have a number of responsibilities under the *Livestock Act 1997* relating to registration, including:

- any person who keeps honeybees, including hives used for any purpose and of any type (including nucs, Top bar, Warre, Flow hives, etc.), even if just one hive in the backyard, must register annually. Failure to register is an offence - **Max. Penalty \$10,000**
- beekeepers must notify Biosecurity SA in writing within 14 days after changing their postal address - **Max. Penalty \$250**
- beekeepers keeping 5 or more hives must pay the hive contribution to the South Australian Apiary Industry Fund (AIF). The AIF is used to fund programs of benefit to the apiary industry, whilst beekeepers in default are not entitled to receive direct benefits or services from these programs.

Complete the **Change of Ownership / Address Form** if you have sold or disposed of hives, wish to cancel your registration, or wish to change your address details.

Completing this Form

Using pen and writing in legible BLOCK LETTERS:

- check the details in the form, and if any errors are detected clearly make the necessary changes
- complete all relevant blank fields within each section.

All fields are mandatory (depending on the number of hives you own). You are not registered until this form is completed and the form and the correct payment have been processed by Biosecurity SA.

1. REGISTRATION APPLICATION TYPE *(Tick applicable box / boxes).*

Renew Registration Cancel Registration Completed and attached Change of Ownership / Address Form

2. APPLICANT DETAILS *(The Applicant is the Primary Contact. There must be a Registered Beekeeper. If a Company is to be the Registered Beekeeper the applicant role must be Company Partner or Manager. The Applicant or the Company may be the Financial Contact; if this is the Company's role complete Part 3).*

Applicant Role: Registered Beekeeper Company Partner Manager

Surname: _____ First Name: _____

Middle Name(s): _____ Preferred Name: _____

Postal Address:

Street Address⁽¹⁾:

Property Valuation No.

(If you reside in SA, this is the 10 digit Valuation No. of your residential address (1) which can be found on a current Council Rate Notice/ Emergency Services Levy Notice.

If you reside interstate, this is the Valuation No. of a SA property (2) where your hives will be located at some time during the re-registration period).

Valuation Nos. can also be found via the Property Location Browser

http://www.pir.sa.gov.au/biosecurity/animal_health/property_identification_code_pic/pic_validation_rules#toc3

Property Street Address⁽²⁾:

Home Phone:

Business Phone:

Mobile:

Fax:

Email:

ABN:

3. COMPANY DETAILS

(Complete only if you have an ACN and want the Registered Beekeeper of this Apiary brand to be a Company - noting that a Trading Name is not a Company. Tick the box if you want the Company to be the Financial Contact).

Company Name:

Financial Contact:

Postal Address:

Street Address:

Business Phone:

Mobile:

Fax:

Email:

ACN:

ABN:

4. TRADING NAME (If applicable):

5. TOTAL NUMBER OF HIVES *(Include all nucleus hives)*

Total No.

6. FEE CALCULATOR

Registration Components *(all components are GST exempt)*

		Cost	Total
(i) 1 - 4 hives	(a) Registration	No Charge	0.00
	(b) Hive contribution	No Charge	0.00
(ii) 5 or more hives	(a) Registration	\$ 45.00	\$
	(b) Hive contribution (including the first 4 hives)	\$ 1.00 / hive	\$
(iii) Late Fee	<i>(Renewing beekeepers not registered and paid in full by the registration expiry date must also pay the Late Fee)</i>	\$ 46.25	\$
Grand Total \$		

7. **ADDITIONAL INFORMATION** (As part of the beekeeper registration process you are required to provide the following information. More information can be found on-line by searching for PIRSA beekeeper registration).

KNOWLEDGE OF NOTIFIABLE CONDITIONS

All beekeepers are required to have read and understood the latest PIRSA information on identifying notifiable honeybee pests and diseases.

I acknowledge that I have read and understood the latest PIRSA information regarding identifying notifiable conditions (tick Yes if acknowledging)

Yes

RECORD KEEPING

All beekeepers are required to provide a copy of specified biosecurity related management records via either:

- a re-certification certificate and re-certification audit report undertaken on hives you own and completed within the 24 months preceding your registration expiry date - if participating in a Chief Inspector of Stock biosecurity approved quality assurance program

OR

- completed Chief Inspector of Stock approved biosecurity records of specified biosecurity practices undertaken on hives you own within the 6 months preceding your registration expiry date.

Chief Inspector of Stock biosecurity approved Quality Assurance Programs (tick program used):

B-QUAL

Are you able to provide a copy of the information required (tick Yes if submitting, No if not)

YES NO

If yes:

- if submitting a copy of a recertification certificate and re-certification audit report, what was the re-certification date// (must be within the 24 months preceding your registration expiry date)

OR

- what is the earliest date on the submitted records// (must be within the 6 months preceding your registration expiry date)
- how many pages of records have you submitted

If no:

- please acknowledge that within 30 days of your apiary registration expiry date you are required to provide:
 - a copy of the required re-certification certificate and re-certification audit report, or biosecurity records
 - accompanying identifying details including your name, Hive Identification Code, and number of pages submitted

I agree to provide a copy of the required information within the required timeframe by:

Emailing to: PIRSA.picregistrations@sa.gov.au

OR

Posting to: Biosecurity SA Apiary Registrations Team
33 Flemington St
GLENSIDE SA 5065

AFB HONEY TEST RESULTS

All beekeepers with 20 or more hives are required to provide a copy of an American Foulbrood honey test result undertaken on honey collected from a Chief Inspector of Stock approved number of hives you own within the 6 months preceding your registration expiry date and submitted to a Chief Inspector of Stock approved laboratory.

(For submission forms contact Gribbles at Glenside.Enquiries@Gribbles.com.au or 8202 3300 or 1300 307 190. Return sample(s) and completed submission form(s) to Gribbles)

Chief Inspector of Stock approved laboratories (tick laboratory used):

Gribbles VETLAB

Are you able to provide a copy of the information required (tick Yes if submitting, No if not)

YES NO

If yes:

- what was the honey collection date// (must be within the 6 months preceding your registration expiry date)

If no:

- please acknowledge that within 30 days of your apiary registration expiry date you are required to provide:
 - a copy of the required AFB honey test Laboratory Report
 - accompanying identifying details including your name, Hive Identification Code, and number of pages submitted

I agree to provide a copy of the required information within the required timeframe by:

Emailing to: PIRSA.picregistrations@sa.gov.au

OR

Posting to: Biosecurity SA Apiary Registrations Team
33 Flemington St
GLENSIDE SA 5065

PEST AND DISEASE MANAGEMENT

All beekeepers with 50 or more hives are required to provide a copy of a certificate of completion/ attainment from a Chief Inspector of Stock approved course in bee pest and disease management delivered by a Chief Inspector of Stock approved provider, undertaken by yourself and completed within the:

- 36 months preceding your registration expiry date - if completed a Biosecurity for Beekeepers course, delivered by Plant Health Australia

OR

- 72 months preceding your registration expiry date - if completed (i) the qualification Certificate III in Beekeeping, or (ii) the two units from this qualification (a) Manage Pests and Diseases within a Honey Bee Colony, and (b) Apply Sampling Procedures; each delivered by a Registered Training Organisation

Chief Inspector of Stock approved course in bee pest and disease management (tick course and training provider):

- Biosecurity for Beekeepers - Plant Health Australia
- Certificate III in Beekeeping
- Manage Pests and Diseases within a Honey Bee Colony, and Apply Sampling Procedures

Are you able to provide a copy of the information required (tick Yes if submitting, No if not)

YES NO

If yes:

- what was the course completion date// (must be, depending on the above timeframes, within 36 months/ 72 months preceding your registration expiry date)

If no:

- please acknowledge that within 30 days of your apiary registration expiry date you are required to provide:
 - a copy of the required certificate of completion / attainment
 - accompanying identifying details including your name, Hive Identification Code, and number of pages submitted

I agree to provide a copy of the required information within the required timeframe by:

Emailing to: PIRSA.picregistrations@sa.gov.au

OR

Posting to: Biosecurity SA Apiary Registrations Team
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GLENSIDE SA 5065

8. STATEMENT - The information contained in this application is true & correct to the best of my knowledge

Applicant's Name **Signature** **Date**

Sec. 75 of the Livestock Act 1997 - False or misleading information: A person must not make a statement that is false or misleading in a material particular (whether by reason of the inclusion or omission of any particular) in any information furnished, or record kept, under this Act. **-Maximum Penalty:** If the person made the statement knowing that it was false or misleading - **\$10,000**; in any other case - **\$5,000**.

Biosecurity SA is subject to the SA Government's Cabinet Privacy Principles in relation to release of personal information. The information collected for registration purposes under the *Livestock Act 1997* will only be released, where authorised by the Chief Inspector, for disease management and emergency response purposes.

9. PAYMENT DETAILS (*Payment (not cash) can be made in person at any PIRSA office or via post by cheque, money order or credit card*)

Cheque/Money Order (Make Cheque/Money Order payable to: **Primary Industries & Regions SA** or **PIRSA**)

Amount \$..... Cheque/Money Order No.....

Credit Card

I _____ (First Name, Last Name) will pay by Mastercard or Visa Credit Card

and can be contacted on the following phone number _____ to provide my payment details.

The best business day(s) to contact me is / are: _____

and the best time between 8.30 am and 2.30 pm is _____.

Please retain a copy of this completed form for your records

Return Address: Biosecurity SA - Registrations Team
33 Flemington St
GLENSIDE SA 5065

Telephone: (08) 8207 7900 or (08) 8429 0872

Email: PIRSA.picregistrations@sa.gov.au

This page is intentionally blank - refer to next page if you wish to pay by Credit Card

IF YOU WISH TO PAY BY CREDIT CARD

Please complete the following details and return by post with your completed Registration Form.

NAME OF CARDHOLDER	
CREDIT CARD TYPE	MasterCard <input type="checkbox"/> Visa <input type="checkbox"/>
CREDIT CARD NUMBER	____/____/____/____ Expiry date __/__/__
CREDIT CARD SECURITY NO.	<i>(This is a 3 digit number on the back of your card)</i> ___
AMOUNT TO PAY	\$
CARDHOLDER SIGNATURE	

PIRSA does not retain your credit card details. This page will be securely stored and then destroyed once registration and payment processes are completed.
