

State of California
Department of Food and Agriculture
Bee Safe Program

Certificate of Apiary Inspection

THIS IS TO CERTIFY, That the bees and equipment as herein below described and enumerated originated in an apiary which was inspected _____ at which time the below conditions were found to exist herein:

Lot: Hives of bees _____ Hives bodies or supers containing drawn comb _____

Other equipment _____

Finding: Total number of colonies in apiary at time of inspection _____

Colonies found diseased (AFB) _____ Date destroyed _____

Remarks _____

Owner or shipper _____

Name

Mail Address

Destination _____

Location

Nearest Town

County

State

Original to be sent to destination

2nd to accompany bees in transit

3rd to be retained by Commissioner

Apiary Inspector

County of Origin

BEE-02 (REV. 11/21)