

regulations are followed from state of origin

Rhode Island Apiary Entry Permit Application

Beehive Owner's Name: _		
Commercial Operation Nar	ne:	
Email:	Telephone Number:	
Mailing Address:		
City:	State:	ZIP:
Beeyard address for the Bee	chives, Live Honeybees, or Used	Equipment (If Different from Mailing Address):
City:	ZIP:	
	on for Beehives, Live Honeybee	
State of Origin of Beehives	, Live Honeybees or Used Equip	ment:
Where were the live honeyl Beekeeper)?	pees or used equipment purchase	from (Name of Commercial Operation or
Address:		
Number of Beehives, Hone	ybee Packages, or Nucs:	
	nent is being Imported:	
Date of Arrival of Beehives	, Live Honeybees or Used Equip	oment:
State of Origin Health Ce	rtificate Information	
Have the beehives, live hon state of Origin?	eybees, or used equipment been	inspected by the State Apiary Inspect from
Yes or No Inspector.	if yes please provide a co	py of certificate of health from State Apiary
Rhode Island's State Apia certificate the beehives, liv	ory Inspector to schedule an instact to be an instact to schedule and instact to the analysis of the analysis	spector from state of origin, please contact spection upon arrival. Without health nt are required to be inspected pursuant to Tyler Hertzwig at tyler.hertzwig@dem.ri.gov
**Before shipping live ho	neybees or used equipment to l	Rhode Island make sure all state