



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Plant Industry

APIARY INSPECTION REPORT

Section 586.10(3)(f), F.S. / Rule 5B-54.011, F.A.C.

1911 S.W. 34th St. / P.O. Box 147100, Gainesville, FL 32614-7100
(352) 395-4700 / Fax (352) 395-4624

FOR DPS USE ONLY

- CH MAIL ADDRESS
- CH NAME
- CH TELEPHONE #

ROUTINE INSPECTION () SPECIAL INSPECTION () INSPECTION DATE: _____

TOTAL INVENTORY UPON COMPLETED INSPECTION: _____ INSPECTOR NUMBER: _____

REGISTRATION NUMBER: FL _____ ASSISTING INSPECTOR NUMBER: _____

DPI FIRM NUMBER: _____ E-MAIL ADDRESS: _____

NAME: _____ PHONE: _____

MAILING ADDRESS: _____ COUNTY: _____

CITY: _____ STATE: _____

GPS LOCATION: _____ NORTH: _____ WEST: _____

1. Inspection Complete. Please Register. HOURS _____

2. Inspection is Not Complete. HOURS _____

APIARIES INSPECTED

# of Apiaries Verified	County(ies) #	Total Hives Certified	Out Of State Certificate Number Issued	Red Imported Fire Ants Certificate Number Issued

QUARANTINE ACTION:

Name of Apiary Quarantined	Number of Hives Infested with *AFB	Number of Hives Destroyed	County #	Date Apiary to be Rechecked	Date Apiary Released from Quarantine

*American Foulbrood

ADMINISTRATIVE HEARING AVAILABLE

If you wish to contest the Department's action, you have the right to request an administrative hearing to be conducted in accordance with Sections 120.569 and 120.57, Florida Statutes and to be represented by counsel or other qualified representative. Your request for hearing must contain: 1. Your name, address, and telephone number, and facsimile number (if any). 2. The name, address, telephone number, and facsimile number of your attorney or qualified representative (if any) upon whom service of pleadings and other papers shall be made. 3. A statement that you are requesting an administrative hearing and dispute the material facts alleged by the department, in which case you must identify the material facts that are in dispute (formal hearing), or that you request an administrative hearing and that you do not dispute the facts alleged by the department (informal hearing). 4. A statement of when (date) you received this Notice and the file number of this Notice. **Your request for a hearing must be received at the address shown on this Notice within twenty-one (21) days of receipt of this Notice.** If you fail to obtain a Release from this Notice or fail to request an administrative hearing within the twenty-one (21) day deadline you waive your right to a hearing and the Department shall enter a Final Order imposing up to the maximum penalties as authorized by Florida Law.

3. I hereby confirm the accuracy of the above Inspection report and agree with the diagnosis of the disease and pest indicated. _____ (beekeeper/manager's initials).
4. The following apiary(ies) _____ have been rechecked and are apparently free of disease and are hereby released. _____ (inspector's initials)
5. I do not agree with the field inspector's diagnosis and hereby request that a sample be submitted for laboratory analysis. _____ (beekeeper/manager's initials).
6. I further confirm that I am in agreement with this inspection report. I have received: (initial) AFB Quarantine notice _____, and agree to abide with the specified requirements.
7. Beekeeper Participating in Best Management Practices. _____ European Honey Bees _____ Queen Production
8. Sample(s) Collected for Queen Breeders Health Certificate.

CK. Or MO. # _____ RCPT#: _____ AMOUNT REC'D: _____



**ADAM H. PUTNAM
COMMISSIONER**

Florida Department of Agriculture and Consumer Services
Division of Plant Industry

APIARY INSPECTION REPORT

Section 586.10(3)(f), F.S. / Rule 5B-54.011, F.A.C.

1911 S.W. 34th St. / P.O. Box 147100, Gainesville, FL 32614-7100
(352) 395-4700 / Fax (352) 395-4624

REMARKS

REPORT
RECEIVED BY:

(Owner, Manager, Person in Charge)

(Please Print)

PROTECTION
SPECIALIST

(Division of Plant Industry)

District Office Phone # _____

DISTRICT
NUMBER _____