



# APPLICATION FOR APIARY INSPECTION

Minn. Stat. 17.445

Please complete all of the information requested. For assistance in completing your application form, please call (651) 201-6095.

Legal Name:	Phone Number:
DBA:	Back-Up Phone Number:
Mailing Address:	
City:                      State:                      Zip Code:	Email:

Expected Date of Departure: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Preferred Inspection Date is between \_\_\_\_\_ and \_\_\_\_\_

List all counties where inspections are to be performed:

### Instructions:

**Destination State:** Where your bees will be shipped.

**Number of Colonies:** The number of colonies to be shipped to that state.

**Days:** The maximum number of days before departure that your inspection may be performed if less than six months.

**Special Requirements:** List any special requirements the destination state may have.

*Repeat these instructions for each state to which you will ship colonies of bees.*

Destination State:	Number of Colonies	Days	Special Requirements
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Inspection Fees:

Inspection fee is \$50.00 per hour plus mileage at the current IRS mileage reimbursement rate. Do not submit payment with this application. You will be billed after the inspection has been completed.

I hereby certify that the information contained in and submitted with this form is true and correct.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_  
(Last) (First) (MI)

For Office Use