



Agriculture, Fisheries  
and Aquaculture

## BEE ENTRY PERMIT

NAME:	_____
ADDRESS	_____ _____
PHONE NUMBER	_____

I hereby give notice of my intention to import the following:

	Quantity	Place of Origin
Package bees	_____	_____
Queens	_____	_____
Nucleus colonies	_____	_____

Please details/ information about the third party acting on behalf of the importer \_\_\_\_\_  
\_\_\_\_\_

Anticipated date of importation \_\_\_\_\_

Signature of importer \_\_\_\_\_ Date \_\_\_\_\_

For office use:

Importation approved \_\_\_\_\_ Date \_\_\_\_\_

Title of signing officer \_\_\_\_\_

Return to: Provincial Apiarist  
Department of Agriculture, Fisheries and Aquaculture  
11 Kent Street, 5<sup>th</sup> Floor  
PO Box 2000, Charlottetown,  
PEI C1A 7N8 fax: 368-4857