



Department of Agriculture

BEE ENTRY PERMIT

NAME: _____
ADDRESS _____
PHONE NUMBER _____

I hereby give notice of my intention to import the following:
Table with 3 columns: Description, Quantity, Place of Origin. Rows include Package bees, Queens, and 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
11 Kent Street, 5th Floor
PO Box 2000, Charlottetown,
PEI C1A 7N8 fax: 368-4857