



Department of Agriculture

HONEYBEE GENETIC MATERIAL HEALTH CERTIFICATE PERMIT

NAME: _____
ADDRESS _____
PHONE NUMBER _____

I hereby give notice of my intention to import the following honeybee genetic material:
Quantity Place of Origin
Sperm _____
Eggs _____

Signature of importer _____ Date _____

For office use:
Importation approved _____ Date _____
Title of signing officer _____

Anticipated date of importation _____

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

The importer hereby certifies that the genetic material to be imported originated within Canada.

Signed: _____ Date: _____

See attached specifications on how genetic material is to be imported into the province.

Return to: Provincial Apiarist
Department of Agriculture
PO Box 2000, Charlottetown
PEI C1A 7N8 Fax: 368-4857

**Transportation Specifications for Importation of
Honeybee Genetic Material into Prince Edward Island**

Title of Signing Officer: _____

Date: _____