The Act requires any persons who wish to move bees must create a movement record prior to that movement. This applies to buying or selling bees and moving colonised beehives outside of the person's residence, if you are moving bees within your premises, you do not have to keep a movement record.

The record must be kept readily accessible and legible for two (2) years after the movement starts and produced upon request by a biosecurity officer. This applies to all beekeepers registered, unregistered, commercial, and recreational.

In the event of an exotic pest incursion movement records will greatly assist Biosecurity Queensland in the preparedness and management of responses.

Penalties will apply if movement records are not maintained or produced when requested by Biosecurity Queensland.

Movement record number

## **RBE** details

Full name and address of the RBE or keeper of beehive being moved.

First name/s	Last name			
Organisation/trading name	HIN			
Postal address	Postcode			
Business hours contact number	After hours contact number			
<b>Origin of Biosecurity matter: hives, apiary</b> ( <i>Place of departure</i> ) Details of person moving if different to above				
• • •				
• • •				
Details of person moving if different to abo	ve			
Details of person moving if different to abo	ve Last name			
Details of person moving if different to abo First name/s	ve Last name			
Details of person moving if different to abo First name/s	ve Last name			

## **Destination details** (*Place of arrival*)

Full name of the person taking delivery of the matter (*includes owner of the land on which hives are intended to be located*).

First name/s	3	Last name		
Organisatio	n/trading name			HIN
Business ho	Business hours contact number After hours contact		ours conta	ct number
Name of place (e.g. state forest or property name)			GPS	
Address/Lo	cation			Postcode
Date	Matter to be moved		Number	
12.3.23	Beehives		50	

**Risk minimisation requirements** (varroa mite) List any risk minimisation activities you have completed in the last 14 days, including the day of transit.

Date	Activity	Date	Activity
10.3.23	Hive health check -Bee123 submissi	on	
12.3.23	Transport hives at night with netted		
	cover.		

Declaration

Full name of person completing the form.

Signature:

Date:

\_\_\_\_

Phone: