Application for Entry Permit for the Importation of Honey Bees and Beekeeping Equipment

Pursuant to § 3.2-4405 of the Code of Virginia, no person shall bring any bees on combs, empty used combs, used hives, or other used apiary appliances into the Commonwealth without first receiving an entry permit to do so from the State Apiarist. Entry permits shall be issued only upon receipt of satisfactory proof from the regulatory authority for the state of origin that the bees and other items are free from bee diseases, defined as a departure from a sound state of health of bees characterized by visible symptoms including American foulbrood and any other diseases, insects, mites, or bee pests. Bees and used beekeeping equipment and appliances brought into the Commonwealth are subject to inspection.

Complete the following:

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

State of Origin: _____

Reason for moving bees to Virginia:

☐ Permanent Relocation   ☐ Pollination
☐ Honey Production   ☐ Other: _____

Type of equipment being moved:

Type	Number
☐ Hives	_____
☐ Nucleus hive	_____
☐ Boxes with frames	_____
☐ Unboxed Frames	_____

Anticipated date of entry: _____

Mail to: or   **Email to:**
Office of Plant Industry Services   VABees@vdacs.virginia.gov
Dept. Ag. & Cons. Serv.
P.O. Box 1163   **FAX to:**
Richmond, VA 23218   804-371-7793

Complete the next page if destination of bees or equipment is different from above information.

Destination of items (hives and/or equipment), if different from address on first page:

Complete the following:

Destination 1:

    Number of items: _____

    Address: _____

    City: _____ State: _____ Zip: _____

    Contact:
        Name: _____

        Email: _____ Phone: _____

Destination 2:

    Number of items: _____

    Address: _____

    City: _____ State: _____ Zip: _____

    Contact:
        Name: _____

        Email: _____ Phone: _____

Destination 3:

    Number of items: _____

    Address: _____

    City: _____ State: _____ Zip: _____

    Contact:
        Name: _____

        Email: _____ Phone: _____

Destination 4:

    Number of items: _____

    Address: _____

    City: _____ State: _____ Zip: _____

    Contact:
        Name: _____

        Email: _____ Phone: _____