STATE OF IDAHO

DEPARTMENT OF AGRICULTURE

C.L. "BUTCH" OTTER
Governor
CELIA R. GOULD
Director

REQUEST FOR HONEYBEE INSPECTION
INTER-STATE MOVEMENT

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephone (work) _____ (home) _____

Total number of colonies to be inspected _____

Destination (state): 1. _____

2. _____

3. _____

Pest(s) / Disease(s) to be inspected for:

_____

_____

Preferred inspection date(s). Schedule of inspection is on a first come, first served basis.

_____

_____

_____

I agree to pay for this inspection at the rate of $15 per hour of inspection time and travel costs at State of Idaho rates. As in the past, travel time will not be charged for. If a laboratory examination is required, the charge will be $25 per laboratory worker hour. I am aware of the regulations requiring all apiaries to be conspicuously posted with the name, address and telephone number of the owner.

Signature _____ Date _____/ _____/ _____

This form, completed and signed, must be received by the Department no later than two weeks before the inspection and by August 15 of the current year. No inspections will be performed after October 15 of the current year.

2270 Old Penitentiary Road • P.O. Box 790 • Boise, ID 83701-0790 • (208) 332-8500