



Please fill out form and return it to:
Derek Micholson
Primary Agriculture Branch – Provincial Apiarist
204-545 University Crescent, Winnipeg, Manitoba R3T 5S6
Email: Derek.Micholson@gov.mb.ca

Application for Interprovincial Movement of Honey Bees, Queens, and/or Used Beekeeping Equipment

Manitoba Beekeeper Registration Number: _____

Beekeeper Name(s): _____

Company Name: _____

Address: _____

City/Town: _____ Prov.: _____ Postal Code: _____

Primary Phone (check box if this is a cell): _____

Secondary Phone (check box if this is a cell): _____

Email: _____

Province of origin for the beekeeping equipment and/or honey bees: _____

Final destination in Manitoba (nearest town or municipality): _____

Total number of each product to be imported:

Colonies: _____ Nucs: _____ Queens: _____

Used equipment description (type and number of each): _____

Have you received an inspection report from the exporting province? **YES** **NO**
If yes, please attach the inspection report along with this form.

Proposed arrival date in Manitoba (must be within 30 days of inspection report): YYYY-MM-DD

SIGNATURE OF APPLICANT

DATE (YYYY-MM-DD)

FOR OFFICE USE	
PERMIT ID #: _____	Registration Number (if applicable): _____