



**VETERINARY HEALTH CERTIFICATE
EXPORT OF HONEY BEES TO THE UNITED STATES**

EXPORTER: _____

ADDRESS: _____

PHONE NUMBER: _____

PREMISES OF ORIGIN: _____

PORT OF DEPARTURE: _____

IMPORTER: _____

ADDRESS: _____

PHONE NUMBER: _____

DESTINATION: _____

I, the undersigned, hereby certify that the bees identified below meet the following requirements:

1. The bees in this shipment are of the species *Apis mellifera*.
2. The following pests have never been reported in Canada: *Apis mellifera scutellata*, *Apis mellifera capensis*.
3. The following diseases and parasites have not been reported in Canada. *Euvarroa sinhai*, *Tropilaelaps*, Thai sacbrood virus, *Malpighamoeba mellificae*.
4. The hives from which the honeybees in the shipment were derived were individually inspected by a provincial apiary inspector no more than 10 days prior to export. No clinical signs of the following diseases or parasites were detected through visual inspection (check as appropriate):

<input type="checkbox"/> American foulbrood	<input type="checkbox"/> Half moon disorder	<input type="checkbox"/> European foulbrood
<input type="checkbox"/> Chronic bee paralysis	<input type="checkbox"/> Kashmir bee virus	<input type="checkbox"/> Melanosis
<input type="checkbox"/> Tracheal mite (<i>Acarapis woodi</i>)	<input type="checkbox"/> <i>Varroa destructor</i>	<input type="checkbox"/> Small hive beetle
<input type="checkbox"/> Other (please specify) _____		
5. The bees in this shipment were produced in and are the offspring of bees or semen also produced in Canada.
 Number of packages shipped _____
 Number of queens shipped _____

Date

Provincial Apiary Inspector name (please print)

Provincial Apiary Inspector signature

Date

Official Export Stamp

Official Inspector
Canadian Food Inspection Agency
Government of Canada