30 January 2019

MEMORANDUM

To: Montana Beekeepers and Businesses

From: Alyssa Piccolomini, State Entomologist, Montana Department of Agriculture

Re: Application for Migratory Beekeeper Compliance Agreement and Certificate of Health

If you bring bees into the state of Montana, they must have a current Montana Certificate of Health, or be certified as being apparently pest and disease free by a recognized authority of the state from which they are being moved (80-6-202 MCA). If you do not have a certificate of health or certification, you must notify the Montana Department of Agriculture that you intend to bring bees into the state, and arrange for an inspection upon arrival.

Our inspections concentrate on American Foulbrood, as well as Varroa mites, checking for the presence of small hive beetle, tracheal mites, fire ants, and general colony health.

If you have not had an inspection within the last three years, please contact the department immediately so one can be scheduled. The fee for obtaining a Certificate of Health is currently $125.00. The laws and rules containing these regulations can be found on the Department’s website, www.agr.mt.gov/bees.

If you have questions, please contact the Entomologist at 406-444-3790 (office) or 406-417-1246 (cell) or via email at apiccolomini@mt.gov.

Enclosed is a form with which to apply for this season's migratory certificate of health. Please complete and return to: Montana Department of Agriculture c/o State Entomologist 302 N Roberts Helena, MT 59620.

Enclosure: Application for Migratory Certificate of Health
APPLICATION FOR MIGRATORY BEEKEEPER
CERTIFICATE OF HEALTH

PURSUANT TO 80-6-202, MCA

NAME:__________________________________________________________

BUSINESS NAME:________________________________________________

MAILING ADDRESS:______________________________________________

CITY, STATE, ZIP:_______________________________________________

PHONE:_____________ FAX:_____________ EMAIL:__________________

CELL PHONE: __________

Total number of hives being moved interstate:_________________________

Please indicate ALL STATES these bees will be shipped from, through, or to: (e.g., trip itinerary Montana – California – Washington – Montana). All certificates will be valid for the period of one year, unless voided earlier.

_________________ _______________ _______________ _______________ _______________

A $125.00 certificate fee is required. Please make check payable to the Montana Department of Agriculture. Mail your completed and signed application and $125.00 fee to the Montana Department of Agriculture, Agricultural Sciences Division, PO Box 200201, Helena, MT 59620-0201.

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Signature Name (Please Print) Title

Date Received: _________ Check No.: __________ Amount: _________ CR No.: __________