



Health Certificate No. \_\_\_\_\_  
 (Valid Only if the USDA Seal  
 Appears Over the Certificate No.)  
 CFIA Import Permit No. \_\_\_\_\_

**HEALTH CERTIFICATE TO EXPORT HONEYBEE QUEENS *Apis Mellifera* FROM THE STATE OF HAWAII OF THE UNITED STATES OF AMERICA TO CANADA**

**I. Origin**

Name and address of exporter: \_\_\_\_\_  
 \_\_\_\_\_

Name and address of producing beekeeper: \_\_\_\_\_  
 \_\_\_\_\_

Place of origin of the honeybee queens: \_\_\_\_\_  
 \_\_\_\_\_

**II. Destination**

Name and address of consignee: \_\_\_\_\_  
 \_\_\_\_\_

**III. Description:**

Number of queens shipped (total) \_\_\_\_\_  
 Number of queen cages/box \_\_\_\_\_  
 Number of attendants/queen \_\_\_\_\_  
 Type of feed provided (if any) \_\_\_\_\_ (if honey, irradiation certificate must accompany shipment)

**IV. CERTIFICATION STATEMENTS**

1. The State of Hawaii has been designated by Canada as free from reports of the Asian honey bee (*Apis cerana*) and Asian honey bee hybrids.
2. The State of Hawaii has been designated by Canada as free from reports of the African honey bee (*Apis mellifera scutellata*) and Africanized honey bees hybrids including European honey bee hybrids with Africanized bees
3. All queens originate from colonies that do not have visible clinical evidence of American foulbrood (AFB), European foulbrood (EFB) or Varroa mites. Apiaries were inspected within 90 days prior to export on \_\_\_\_\_ (date) according to the following protocol: [Five percent of the colonies] or [A minimum of 25 bee colonies] (whichever is larger – please specify) were randomly selected and examined from each of the queen production and mating apiaries from where queens are being exported.
4. On \_\_\_\_\_ (date) a visual examination of the brood for symptoms of AFB or EFB was done. Bee colonies used in queen production and mating apiaries were free from visible clinical evidence of AFB or EFB. At least three brood frames per hive were inspected.



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5. Colonies were assessed for varroa mites by alcohol washing of bee samples (200-300 bees/colony). The sample of bees were placed in a basket, immersed in a solution of alcohol and the basket was shaken for a period of at least two (2) minutes. Varroa [was not detected]\* or [was under 1% or 1 mite per 100 bees tested] or [was over 1% and the bee colonies in the queen rearing apiaries were treated with \_\_\_\_\_, a product that is registered in and the United States. Treated colonies were retested prior to collecting the queens and attendants to confirm that the level of varroa is below 1%.]  
 \*[Please specify option that applies.]

6. On \_\_\_\_\_ (date) officials of the Federal or State apiary office inspected all packing and shipping location(s) on the apiary premises from which queen bees are derived for small hive beetle (SHB) with negative results within ninety (90) days prior to export. The packing and shipping location(s) are indoors and are inaccessible to entry by SHB at any time during packing and shipping.

All materials for shipping must be prepared and stored in the small hive beetle free inspected location(s) on the apiary premises until use. If any shipping materials (including but not limited to shipping boxes and queen cages) are prepared in advance of the shipment date, they must be stored for a minimum of 72 hours prior to shipment to Canada in a freezer at 0F (-18C) located in the inspected location(s).

7. Following due inquiry by a Federal or State apiary inspector, all queens and attendants were caught and placed in new queen cages with ventilation holes no longer than 2 mm x 2mm or if longer than 2 mm are no wider than 1 mm. Worker bee attendants (2-6 attendants per queen) were placed in individual queen cages with the queen and not loose in a battery box. Queen cages filled with queens and attendants were stored in the designated and inspected packing and shipping location(s) until shipping.

8. Food supplied to the bees during transit [does not contain honey] or [contains honey which has been irradiated to approved levels]. (Please indicate whichever is appropriate).

**V. ISSUING OFFICIAL**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VI. ENDORSING APHIS OFFICIAL**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Valid only if USDA seal appears over the signature.