

## N.Z.B. BEEKEEPER STATEMENT FOR THE HARVEST OF BEESWAX

Beekeeper (Apiary) Name:	
MAF Registration Number:	

The following declaration is required from **Suppliers**.  
All information supplied will be used and retained for Quality assessment purposes

### 1. Define the type of miticide treatment used on hives. Please tick column

	Apivar	Bayvarol	Apistan	Other – please state
2005				
2006				
2007				
2008				
2009				
2010				

### 2. Has Apistan ever been used (Apart from surveillance)

Yes No

### 3. Has PDB ever been used to control wax moth?

If so indicate how often, the amount used per year, and the last year used.

Yes No

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### 4. Define any other chemical treatments used for pest control

### 5. What materials have been used in the care of the hives?

Tanalised Timber  Paraffin wax dipping  MetelX  Other \_\_\_\_\_

### 6. Over what time period has the beeswax been collected?

***I declare that all the details provided in this document are true and correct. I am aware that the details provided will be received and retained by NZ Beeswax Ltd and consent to that happening.***

Beekeeper Signature:

Date: