

# Registrable biosecurity entity (RBE) application Bees

Pursuant to Chapter 7 of the Biosecurity Act 2014

## OFFICE USE ONLY BY COUNTER STAFF - PAYMENT DETAILS DATE APPLICATION RECEIVED: FEE PAYABLE: ☐ Payable ☐ Exempt If payable Fee due: \$ FINANCIAL OFFICER PROCESSING PAYMENT: PAYMENT AMOUNT RECEIVED AND RECEIPTED IN SAP: PAYMENT METHOD: (credit/debit card, cash, cheque, money order) DATE RECEIPTED IN SAP: SAP RECEIPT NUMBER RECEIPT REQUIRED: ☐ Yes ☐ No If Yes - □ by email □ by post BY APPLICATION PROCESSING OFFICER PROCESSING OFFICER: RBE NUMBER: HIN-

FURTHER INFORMATION REQUEST DATE:

DATE FURTHER INFORMATION RECEIVED:

## Why you need to complete this form

A person, partnership, company or other entity that owns or keeps one (1) or more bee hives in Queensland, must apply to the Department of Agriculture and Fisheries to register as a biosecurity entity.

#### How to complete this form

• You must complete all parts in this application (A, B, C, D, E & F).

#### How to submit this form

In person to:

Any <u>Department of Agriculture and Fisheries regional office</u> (not all offices can accept payment); or

Via post to: RBE Processing

Department of Agriculture and Fisheries

PO Box 5083 Nambour Qld 4560

#### Prescribed fee

- A fee is payable if you are a commercial primary producer (i.e. you claim primary producer status on your tax return).
- A fee is NOT payable if you keep bees only for non-commercial purposes (you are exempt from the fee).
- The prescribed fee if applicable is \$86.25 or see part F of this form for fee details.
- The prescribed fee must be paid on submission of the application.
- · Payment cannot be accepted by email.
- Fees are applicable until 30 June 2017.

#### Term of registration

The term of the RBE registration is for three (3) years from the date your application is approved unless the registration is cancelled or suspended.

#### **Notification**

- The applicant will be notified of the outcome within 10 working days after submitting the application, provided all required information has been received.
- The applicant will be notified by email if an email address has been provided otherwise by post.

### Contact us

For more information please contact <a href="mailto:apiary@daf.qld.gov.au">apiary@daf.qld.gov.au</a> or the Department of Agriculture and Fisheries Customer Service Centre on 13 25 23.

## Part A - Applicant details

The applicant is the person/s or entity who owns the hives.

1. Applicant type: (☑ one box only)									
Complete section 2, if	Private individua	ıl/s							
Complete section 3, if	Company	Trust	Registered body	Government organisation					

## 2. Private individual/s

All individuals to be registered must include their details. If there are more than two individuals, attach supplementary pages and provide the same information as below for each additional individual.

provide the same information as below for each additional individual.									
	Applicant 1			Applicant 2					
	Provide all given names in full	– no initials		Provide all given names in full	– no initials				
Given name/s (all)									
Surname									
Preferred name									
	T			Only complete if different from	applicant 1				
Have you previously registered?	☐ No ☐ Yes			☐ No ☐ Yes					
	Indicate previou	us brand or H	IIN:		us brand or HIN:				
	Must be a road or street name -	- cannot be a PC	Box	Only complete residential add from applicant 1	lress for applicant 2 if different				
Residential address									
Locality/suburb									
State		Postcode			Postcode				
Country									
Do you want this address to be used as the contact address for the RBE?	☐ Yes ☐ No			☐ Yes ☐ No					
	Only complete if different from re	esidential addres	SS	Only complete postal address applicant 1	for applicant 2 if different from				
Postal address									
Locality/suburb									
State		Postcode			Postcode				
Country									
Do you want this address to be used as the contact address for the RBE?	☐ Yes ☐ No			☐ Yes ☐ No					
	Provide at least one phone nu provide email	mber other than	fax, please	Only complete if different from	applicant 1				
Phone									
Mobile									
Fax									
Email									

## 3. Company, trust, registered body or government organisation

If applicant is a company, trust, registered body or government organisation (i.e. not private individual or partnership) please complete the following section.

	Company, trust, registered body or government organisation									
Organisation name										
	'									
Postal address										
Locality/suburb										
State		Postcode		Country						
	Only complete residential address if different	nt from postal addres	ss - must have a	road or street nun	nber and name – cannot be a PO Box					
Residential address										
Locality/suburb										
State		Postcode		Country						
	Details of organisation contact person must	t be provided – Provi	ide all given nam	es in full – no initia	als					
Given names										
Surname										
Preferred name										
	Provide at least one phone number other th	nan fax								
Phone		Fax								
Mobile		Email								
4. Additional detail	s for the registrable biosecurity	entity								
Only complete if require	ed.									
Trading name			ABN							
	'									
Dort D. Booksons	ar dataila									
Part B - Beekeepe	er details									
Number of hives										
	Tick all that apply									
Operation type	Hobbyist Honey p	oroducer	Queen bee b	oreeder	Equipment supplier					
					-42.k2 22kkii2i					
	Pollination Packer		Research							

## Part C - Apiary site details

List the locations of all your apiary sites, whether currently in use or not. Beekeepers are advised to brand all hives as proof of ownership and to assist recovery in the event of loss or theft. Upon registration, a unique registered brand or Hive Identification Number (HIN) will be issued. Attach a separate page if required.

Apiary site owner's name	Apiary site address Please provide road/street address	Locality/suburb	Postcode

## Part D - Origin of hives

Please indicate where hives were obtained from.

	Private individual/s			Company, trust, regis	stered body, g	government
Organisation						
	Provide all given names in full – no initials			Provide details of organisation Provide all given names in full		
Given name/s						
Surname						
Preferred name						
	Must be a road/street name not a PO box					
Location where hives were collected						
Locality/suburb			State		Postcode	
	Provide at least one phone number other th	an fax				
Phone		Fax				
Mobile		Email				
	If applicable, provide details of any brand sh	nowing on the hi	ves			
Previous brands on the hives						

## Part E - Applicant declaration

## 1. Privacy statement

The Department of Agriculture and Fisheries is collecting the information on this form and any attachment as a requirement under *Chapter 7* of the *Biosecurity Act 2014* for the registration of biosecurity entities, to maintain the register of registrable biosecurity entities. In addition, some information may be given to other government agencies to assist in the management of diseases, pests, residues. Your information will not be disclosed to any other parties unless authorised or required by law.

#### 2. Applicant declaration

The particulars provided in this application and any information associated with this application are true and correct to the best of my knowledge and I have taken reasonable steps to ensure their accuracy and completeness.

You must sign this application before submitting it, otherwise it will be returned to you.

Full name	Signature	Date

## Part F - Payment options

Please note: Your payment must be accompanied with your application if a fee is applicable.

Applicable fee													
A fee is payable if you are a comm	ercial p	orimar	y produc	cer (i.e. y	ou claim p	orimary	produce	r status	on you	ur tax re	eturn).		
A fee is NOT payable if you keep b	ees or	ly for	non-com	nmercial	purposes	(you a	re exemp	t from t	he fee)				
Are you already registered?		Yes	$\rightarrow$	No fee applicable									
		No -	$\rightarrow$	Are you a commercial primary producer in relation to this application?									
				Yes Applicable fee \$86.25 (							6.25 (A	(UD)	
					No		No fee a	applicab	ole				
Select <b>ONE</b> payment option only.													
Cash													
Pay by cash at a Department of Ag	ricultu	re and	d Fisherie	es region	al office (	not all	offices ac	cept ca	sh pay	ments)	)		
Please mark as 'not negotiable' and  Debit Card or Credit Card  Cardholder name  Card number	d paya	ble to	'Departr	ment of A	Agriculture	and F	isheries'.			Visa		Master0	Card
Signature			'		Card expi	rv date	7					_	
Oignature					Cara Capi	ry date	,						
We will only send you a receipt if y	ou hav	e requ	uested o	ne. If you	ı do, seled	ct the n	nethod yo	ou prefe	r the re	eceipt b	e sent		
☐ Email ☐ Post													
Further instructions and advice Please contact apiary@daf.qld.gov	<u>′.au</u> or	the D	epartmei	nt of Agri	culture ar	ıd Fish	eries Cus	stomer S	Service	: Centre	e on 13	3 25 23.	
Office use only - SAP receipt n	umber												