

**Department of the Environment**

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 Website [www.gov.je/bees](http://www.gov.je/bees)

### Application to register as a Bee Keeper in accordance with the Diseases of Animals (Bees) (Jersey) Order 2013 (the 'Order')

It is a requirement under Article 3 of the Order that the owner of a hive which contains bees or has at any time contained a colony of bees register with the Minister for the Environment.

The Order makes provision to prevent the introduction or spread of notifiable diseases and pests and for the eradication of notifiable diseases and pests. American foul brood and European foul brood are prescribed as notifiable diseases. Small hive beetle and any species of the Tropilaelaps mite are prescribed as notifiable pests.

This Order requires that the Minister is informed if a notifiable disease or pest is found or suspected. Provision is made for the taking and testing of samples to establish whether any notifiable disease or pest is present. The movement of bees, hives or equipment may be prevented whilst tests are carried out. If the presence of a notifiable disease or pest is established, the Minister has powers to require the destruction or treatment of the bees and hives, combs, equipment and, in the case of pest, the treatment of soil. If the presence of American foul brood is established, the Minister must require that the bees are destroyed.

Failure to observe the measures required under the Order is an offence under Article 29 of the Animal Health (Jersey) Law 2016. A person guilty of an offence under this Article is liable to imprisonment for a term of 2 years and to a fine.

**PLEASE READ EACH SECTION CAREFULLY BEFORE COMPLETING THIS FORM.**

1. This application should be completed in **BLOCK CAPITALS**.
2. Your application will not be processed if sections marked with an asterisk (\*) are not completed.
3. If you have any queries please contact the Department of the Environment on: 01534 441600.

**Please supply the following details: Name & address of hive owner**

Business name*			
CEO/ Owner title*	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>
	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="checkbox"/>
CEO/ Owner first name(s)*			
CEO /Owner surname*			
Address*			
		Post code*	
Telephone no*		E-mail	

Mobile no*			
Are you a member of the Jersey Bee Keepers Association	Yes	No	

**Article 3 (2)(b) of the Order; a person other than the hive owner who tenders the hives:** The hive owner may nominate another person who tends to the hives. You must supply the name, address and telephone number of the person. You will need to make them aware and agree to this application form and sign below.

Title*	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="checkbox"/>	
First name(s)*							
Surname*							
Address*							
			Post code*				
Telephone no*				E-mail			
Mobile no*							
Are you a member of the Jersey Bee Keepers Association							

**Details of the location of the apiary site and number of hives with bees, you may attach a separate page if you have more locations.**

Location of apiary	Hive number

If the bees are kept at a location (example: in a field) away from any premises give the field number, the road the field is off and the Parish. If not in a field, or you do not have the field number, then please attach a map and mark the location of the apiary site on the map. A hand drawn map showing road names is sufficient. If you have more than three sites please attach details to the application form

**The hive owner or a person tending a hive may indicate, in writing, to the Minister how he or she is willing to accept official notices under this Order.**

An official notice is served by a department officer, on behalf of the minister, for hives to be destroyed or to impose a standstill on a person in case of notifiable disease and can be issued by post or delivered to the person personally or by email. Please indicate how you wish the notice to be served if the need arises.

Preferred method for an official notice to be served ( please indicate by ticking the box)	Post or delivered personally		E-mail	
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**Important Information:**

Before signing this form please read the following consent information carefully. It explains how your information will be used and provides a brief description of your rights under Jersey’s Data Protection Law. For further information on how the Department of the Environment handles personal data please visit [www.gov.je/howweuseyourinfo](http://www.gov.je/howweuseyourinfo)

**Declaration of all parties named in this application**

**I confirm and agree that:**

- This application is made with my authority and the information supplied in this form is accurate to the best of my knowledge; I am aware that it’s an offence to knowingly submit false or misleading information with an application;
- I will be responsible for informing the Minister of any change in name, address and telephone number or re-location of the hives within 28 days of any change;
- The information supplied in this form, together with any other accompanying information to be used for the purpose of processing my application to register as a beekeeper in accordance with the Diseases of Animals (Bees) (Jersey) Order 2013;
- That information provided in this form, together with any other accompanying information may be disclosed to other States departments where it is necessary, either to comply with a legal obligation, or where permitted under other legislation, for example where it is necessary for the eradication or prevention of notifiable diseases and pests such as American foul brood, European foul brood and Tropilaelaps mite and investigations concerning breaches or potential breaches of law for enforcement purposes and statistical reporting.
- I am aware and agree that the department will not use my personal information for any other purpose, without my permission, unless it is legally required to do so.
- I understand that under Jersey’s Data Protection Law I have the right to withdraw my consent to the further processing of my information. However, I understand that this may cause delays in processing my application, affect my grant payments or cause me to be in breach of other legal requirements. (Should you wish to exercise this right please contact us on tel. 441600)

**Hive Owner**

Signature:		Date:	
Name:			

**Person attending to the hives, other than the hive owner**

Signature:		Date:	
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Name:			
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Updated 25/04/2018