



Department of **Biodiversity,  
Conservation and Attractions**



## Application for the relocation of an existing apiary site

This application is required for persons wishing to vary the location of a site under an authority granted by the Department of Biodiversity, Conservation and Attractions (DBCA).

Authority applications involve a legislative approvals process. Please note that the process can be lengthy and this factor should be considered when planning your business. Please contact the DBCA Apiary Coordinator on (08) 9219 8765 for more information on this process.

Please send the completed application, together with a non-refundable \$110 variation fee (for up to five sites in the south west zone) or a non-refundable \$55 variation fee (for up to five sites in the remote zone).

<b>Name of Applicant</b>					
<b>Company Name</b>		ABN			
Note: The application must be made by an individual or a company proposing to undertake the activity (activities) for which the authority is sought. The application cannot be made using a trading/business name only.					
<b>Trading name</b>					
<b>Address (residential)</b>					
				<b>Postcode</b>	
<b>Address (postal) If different from above</b>					
				<b>Postcode</b>	
<b>Phone</b>		<b>Fax</b>		<b>Email</b>	
<b>Website</b>		<b>Mobile</b>			
<b>Comments</b>					
Which zone are you applying to relocate your apiary authorities? (please tick)					
South west zone		<input type="checkbox"/>			
Remote zone		<input type="checkbox"/>			
Both zones					

## Sites to be relocated to another position

Apiary site permit or licence number	GPS coordinates (longitude) in decimal degrees	GPS coordinates (latitude) in decimal degrees

GPS devices should be using the GDA94 datum for recording apiary locations and should be providing the coordinates in decimal degrees in the section above which is the format used in DBCA Apiary Database. Please also provide maps of locations. Prior to recording coordinates beekeepers should also ensure the GPS is setup to ensure you are in the correct zone i.e. Zone 50 (West Coast to Koolyanobbing/Ravensthorpe, Zone 51 Koolyanobbing/Ravensthorpe to Balladonia or Zone 52 (Kimberley sites only).

## Beekeepers' checklist

1	Have you paid the application fee to vary an apiary licence or permit (\$110 in south west zone, \$55 in Remote Zone) for every 5 sites or less? (Conservation and Land Management Regulations 2002 (Schedule 1, Division 11, 3 (a) and (b))	Yes	No
2	Have you applied to DWER's * Native Vegetation Branch to obtain a clearing permit should you be required to clear any vegetation on the above sites? ( <i>Environmental Protection Act 1996</i> )	Yes	No
3	Have you included a copy of your current public liability insurance cover, (not less than \$10 million dollars cover?)	Yes	No
4	Have you signed and dated the application form?	Yes	No

\* DWER means the Department of Water and Environmental Regulation. telephone: 6463 7098 or email [info-der@dwer.wa.gov.au](mailto:info-der@dwer.wa.gov.au) . .

**DEED POLL**

I/We:

hereby apply for an apiary authority/authorities to enter upon and use the land within the sites specified in this application and understand and agree that the authority/authorities, if granted, will be subject to the provisions of the *CALM Act 1984* and all regulations and subsidiary legislation made under it.

I certify to the best of my knowledge that the information provided within this application is true and correct in every detail.

I understand that the permit/licence if granted may not be automatically renewed.

I have read, understood and agree to abide by the general conditions contained within the DBCA General Conditions for using Apiary Authorities on Crown land in Western Australia. I understand that further conditions relevant to the sites proposed in this application may apply.

I hereby agree to release and indemnify, and keep indemnified, the State of Western Australia (**State**), the Chief Executive Officer of DBCA (**CEO**), and each of the employees, contractors and agents of the State or DBCA (**Indemnified Parties**) from and against all Claims and Costs which may be made or brought against, suffered or incurred by any of the Indemnified Parties arising in any way from, or in connection with the conduct of the applicant or any of its employees, agents, contractors, of the operation the subject of this application:

- on any lands to which the *CALM Act 1984* applies; or

I certify that the applicant's public liability insurer is aware of the conditions that would apply to this permit/licence and the indemnity granted above. I confirm that the applicant's public liability policy also covers the operation and activities that are specified in this application form.

I declare that I am not currently bankrupt, or have executed an arrangement under Part X of the *Bankruptcy Act 1966* or, if a company is involved with any part of the submission, the company is not in receivership or some other formal arrangement with creditors.

Executed as a deed on: .....

DATE

<p><b>Natural person</b></p> <p><input type="checkbox"/></p> <p>(Check box)</p>	<p>Signature: _____</p> <p>Witness: _____</p>	<p>Name: _____</p> <p>Name: _____</p>
<p><b>Company Pty Ltd</b> (executed in accordance with section 127(1) of the <i>Corporations Act 2001</i> (Cth))</p> <p><input type="checkbox"/></p> <p>(Check box)</p>	<p>_____ Signature of director or secretary</p> <p>_____ Signature of director</p> <p>_____ Witness</p>	<p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p>
<p><b>Incorporated Association</b> (executed in accordance with section 14(1)(b) of the <i>Associations Incorporation Act 1987</i> (WA))</p> <p><input type="checkbox"/></p> <p>(Check box)</p>	<p>_____ Signature of person with authority to bind the Incorporated Association</p> <p>_____ Witness</p>	<p>Name: _____</p> <p>Name: _____</p>

## Credit Card Payment Details

Credit Card Number: \_\_\_\_\_ Credit Card Type \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount: (\$) \_\_\_\_\_

Signature authorising payment: \_\_\_\_\_ Date: \_\_\_\_\_

## Submitting your form

Send your application to:

Apiary Coordinator  
Department of Biodiversity, Conservation and Attractions  
Locked Bag 104 Bentley Delivery Centre WA 6983  
Email: [apiary@dbca.wa.gov.au](mailto:apiary@dbca.wa.gov.au) or ph: (08) 9219 8765

## DBCA District Apiary Officers

DBCA District Apiary Officers are required to complete and return the DBCA *District Assessment Form* to the Apiary Coordinator at Kensington for processing the application. The form can be emailed to [apiary@dbca.wa.gov.au](mailto:apiary@dbca.wa.gov.au).