



Department of **Biodiversity,
Conservation and Attractions**



Application to transfer an apiary authority

This application applies to persons who currently hold an apiary authority granted by the Department of Biodiversity, Conservation and Attractions (DBCA).

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 9219 8765 if you have any queries.

Please send the completed application, together with a non-refundable \$14 transfer fee, per site or alternatively complete the section herein that provides for a payment by credit card. The application fee will not be processed unless the application fee has been received by DBCA.

Transferor

As the current authority holder I confirm that I/we wish to transfer the apiary authority/ies listed within this document to the transferee.

Name of Transferor					
Company Name					
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.					
Trading name					
Address (residential)					
				Postcode	
Address (postal) If different from above					
				Postcode	
Phone		Fax		Email	
Website		Mobile			
Signature of transferor:				Date:	

Transferee (The person or business wishing to obtain the apiary authority)

Name of Transferee					
Company Name					
Trading name					
Address (residential)					
				Postcode	
Address (postal) If different from above					
				Postcode	

Phone		Fax		Email	
Website			Mobile		
Signature of transferee:			Date:		

Apiary Authorities proposed to be transferred under this application.

Transferor's checklist

1	Are the sites under the authorities being transferred at least 3.0 kilometres from another beekeeper's site?	Yes	No
2	Have you informed the transferee that use of the sites will require:		
a	Approval of the pastoralist (if sites to be transferred are on a pastoral lease) by completing the form <i>Proposal to place beehives on a pastoral lease</i> which can be downloaded from the DBCA website www.dbca.wa.gov.au/beekeeping	Yes	No
b*	A DWER clearing permit to authorise the clearing of native vegetation at the site if required	Yes	No
c	A DRA permit from the local DBCA District office if the sites are located in DRA areas?	Yes	No
^ d	A 'Green Card' from DBCA South Coast Region if the site is located in Albany or Esperance District?	Yes	No

*Further information on clearing permits can be found at www.dwer.wa.gov.au ^Further information on requirements c) and d) can be obtained by contacting the DBCA District Apiary Officer

Credit Card Payment Details

Credit Card Number: _ Credit Card Type: _ Name on Card: _ Expiry Date: / __ Amount: (\$)

Signature authorising payment: _____ Date: _____

Submitting this form

When this form is completed by both parties, forward to:

Apiary Coordinator

Department of Biodiversity, Conservation and Attractions
 Locked Bag 104,
 Bentley Delivery Centre WA 6983
 Fax: 9219 8221
 Email: apiary@dbca.wa.gov.au

DEED POLL (Transferee to complete) 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>Natural person</p> <p><input type="checkbox"/></p> <p>(Check box)</p>	<p>Signature: _____ Name: _____</p> <p>Witness : _____ Name: _____</p>
<p>Company Pty Ltd (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 Name: _____</p> <p>_____ Signature of director Name: _____</p> <p>_____ Witness Name: _____</p>

Incorporated Association (executed in accordance with section 14(1)(b) of the *Associations Incorporation Act 1987* (WA))

(Check box)

Signature of person with authority to bind the Incorporated Association

Name: _____

Witness

Name: _____