

Health Certificate No. _____
(Valid only if a USDA or State of Hawaii
Seal appears over the Certificate No.)

**ORIGIN HEALTH CERTIFICATE FOR EXPORT OF HONEY
BEES (*Apis spp.*) FROM THE STATE OF HAWAII TO JAPAN¹**

I. IDENTIFICATION: See attached table.

II. NAME AND ADDRESS OF CONSIGNOR: _____

**III. NAME, ADDRESS, AND DATE OF LAST STATE OF HAWAII INSPECTION OF
EACH SUPPLYING APIARY:** _____

IV. NAME AND ADDRESS OF CONSIGNEE: _____

V. NAME AND IDENTIFICATION OF MEANS OF TRANSPORT: _____

**VI. NAME AND ADDRESS OF LABORATORY WHERE TESTING WAS
PERFORMED:** _____

VII. CERTIFICATION STATEMENTS:

- A. The State of Hawaii is free of acariosis of bees and the small hive beetle (*Aethina tumida*).
- B. The island of origin is free of varroosis.
- C. No outbreak of American foulbrood, chalkbrood, European foulbrood, or noseosis of bees has been reported within 5 kilometers of any supplying apiary in the last 8 months.

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- D.** Each supplying apiary was inspected by a qualified Hawaii State Inspector within the last 6 months and found free of evidence of American foulbrood, chalkbrood, European foulbrood, and nose-mosis of bees.
- E.** For each supplying apiary, samples taken at the last State of Hawaii inspection were processed and examined microscopically for the agents of American foulbrood, European foulbrood, and nose-mosis; all examinations yielded negative results.
- F.** For each supplying apiary, any bees added since the last State of Hawaii inspection came from an apiary of the same or higher health status.
- G.** Containers used to transport the bees to Japan shall be new and sanitary and designed to prevent the escape of bees while allowing for direct observation and sampling.
- H.** During the preparation for export and at the time of shipment, the exported honey-bees have not been in contact with other bee, brood-comb or bee products that were not of the same health status.

Name of issuing State-employed entomologist

Signature of issuing State-employed entomologist, place, and date

- I.** The bees were inspected by me immediately prior to shipment and found healthy and free of signs of infectious disease.

Name of endorsing USDA official

Signature of endorsing USDA official, place, and date

¹Certificate valid for up to 30 days after issuance

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Attachment

NUMBER OF UNITS: _____

APIARY (Name and Address)	DATE OF LAST INSPECTION AND TESTS	NUMBER OF BEES¹	SPECIES AND RACE	CONTAINER IDENTIFYING MARKS/ FEATURES	PACKAGING MATERIALS	ACCOMPANYING PRODUCTS

¹Specify number of queens and number of escorts. Note: Each export unit must consist of only one queen bee and no more than 10 escorts.