S	OUTH CAROLINA DEPARTMENT OF PLANT INDUSTRY
	PENDLETON, SOUTH CAROLINA 29670
1:	FROM THE STATE OF:

Honey Bee Entry Permit Application

APIARY OWNER INFORMATION AND DESCRIPTION OF THE CONSIGNMENT			
2. NAME AND ADDRESS OF THE APIARY OR BUSINESS OWNER	3. DECLARED NAME AND ADDRESS OF THE CONSIGNEE OR ASSOCIATION		
4. PHONE NUMBERS, EMAIL, ETC.	5. DECLARED MEANS OF CONVEYANCE/TRUCKING INFORMATION		
6. NUMBER AND DESCRIPTION OF COLONIES (NUCS, QUEENS, PACKAGES, EQUIPMENT)	7. DISTINGUISHING MARKS		
8. COMMENTS OR ADDITTIONAL INFORMATION			
10. APPLICANT SIGNATURE	11. DATE		
PURSUANT TO THE INTRODUCTION OF HONEY BEES INTO STATE ACT OF 1976, TITLE 13, CHAPTER 37, SECTION 46-37-10 OF THE SOUTH CAROLINA CODE OF LAWS AND SUBJECT TO THE ACCURACY OF THE FOLLOWING DETAILS IS HEREBY GRANTED.			
SUBMIT ONE APPLICATION AND HEALTH CERTIFICATE FROM SUPPLIER FOR EACH PERMIT NEEDED TO:			
STEPHEN CAVIN 612 CHESNEE HIGHWAY SPARTANBURG, SC 29303 EMAIL: scavin@clemson.edu PHONE: (864) 596-2993 x.113 FAX: (864) 596-3602			
INSTRUCTIONS: CLEMSON UNIVERSITY			
 NAME OF THE STATE SHIPMENT IS COMING FROM. NAME OF BUSINESS (SUPPLIER), ADDRESS, EMAIL, AND PHONE NUME YOUR BUSINESS NAME OR ASSOCIATION, YOUR NAME AND ADDRESS YOUR PHONE NUMBER AND EMAIL. TRANSPORATION INFORMATION. NUMBER AND DESCRIPTION OF COLONIES, NUCS, QUEENS, PACKAGE ANY DISTINGUISHING MARKINGS ON BEE EQUIPMENT COMMENTS OR ADDITTIONAL INFORMATION. 	BER. s. ES. HONEY BEE INSPECTION PROGRAM A partnership to protect your honey bees		
DPI FORM 04/2016			