



This is a sample form. It is not mandatory to use this exact form, you can tailor it to suit your purposes.

## HIVE MOVEMENT RECORD

BRF\_001

Bee Brands on Hives (registration number)	Name (person moving the hives)	Date of hive movement	Number of hives moved	From location (address)	To location (address)	Additional Comments
		___/___/___				
		___/___/___				
		___/___/___				
		___/___/___				
		___/___/___				
		___/___/___				
		___/___/___				
		___/___/___				
		___/___/___				

**TO REPORT EXOTIC BEES OR BEE PESTS/DISEASES CALL: Biosecurity Queensland on 13 25 23 or email [info@daf.qld.gov.au](mailto:info@daf.qld.gov.au)**