

North Island beekeepers Send completed form to:	Apiary Registrar AsureQuality Ltd Private Bag 3080, Waikato Mail Centre Hamilton 3240 Email to: Apiary@asurequality.com
South Island beekeepers Send completed form to:	Apiary Registrar AsureQuality Ltd PO Box 85006 Lincoln University Lincoln 7647 Email to: Apiary@asurequality.com



**The Management Agency
National American Foulbrood
Pest Management Plan**

DECA approved by	
Name	
Signature	
Date	
On behalf of the Management Agency	
Database updated	<input type="checkbox"/>

**HOBBYIST
DISEASE ELIMINATION CONFORMITY AGREEMENT (DECA)**

In accordance with the National Pest Management Plan for American Foulbrood (AFB), this is an agreement by the owner of ten (10) or less beehives with no more than 3 apiary sites. It requires the beekeeper to take full responsibility for AFB disease elimination in the beehives the person either owns or is responsible for.

The beekeeper is responsible for applying for a Commercial DECA to replace this Hobbyist DECA in the event that the beekeeper has 11 or more hives and/or operates 4 or more apiary sites.

I understand that this agreement describes the control practices to be used by me.

I, _____
(Name)
of _____
(Address)

Phone: _____

Email: _____

have _____ hives, located on _____ apiaries and agree to fulfil the obligations listed below.

Part 1 Compulsory Requirements:

- 1.1 Be a registered beekeeper, AFB PMP registration code is: _____
- 1.2 Have completed and passed the AFB recognition and competency test. The test was issued and marked by the Management Agency.

Candidate Number: _____ (please attach evidence of test pass)

- 1.3 Keep my bees in moveable frame hives;
- 1.4 Keep access to my hives clear so that hives are able to be inspected.

- 1.5 Not expose any bees, bee products, or appliances taken from or used in connection with any beehive with American foulbrood disease, in such a manner as will allow access to those materials by bees.
- 1.6 Not knowingly offer or sell any bees, bee products, or appliances taken from or used in connection with hives contaminated with *Paenibacillus larvae* spores (AFB spores)
- 1.7 Not feed any drug or substance for the prevention or control of American Foulbrood.
- 1.8 Register the location of all apiaries within 30 days of establishing the apiary.
- 1.9 Identify each of my apiaries with the beekeeper identification code issued by the Management Agency, either by marking the identification code on the outside of at least one beehive in each apiary, or on a sign placed in a noticeable position within the apiary;
- 1.10 Furnish an Annual Disease Return by June 1 each year.
- 1.11 Within 7 days of finding a clinical case of American Foulbrood, to report the case to the Management Agency, kill the bees, and destroy by fire, all material found with that hive including its bees, honey comb and frames, boxes, lid, hive mat, queen excluder and floor (bottom board) unless fire bans are in place (reference 2.6).
- 1.12 Supply samples of larvae/bees/honey for *Paenibacillus larvae* spore testing when requested by the Management Agency (at no charge to the beekeeper).
- 1.13 Sign Certificates of Inspection (COI) for other beekeepers only when an inspection for American Foulbrood has actually been performed in the manner prescribed in the Certificate of Inspection. **Note:** You may only undertake COI inspections once you have held a DECA for a minimum of one calendar year unless you can provide verification of two or more years of direct beekeeping experience.

Part 2 My American Foulbrood Disease Management:

- 2.1 I understand it is best practice for all frames of brood to be inspected after shaking off the bees.
- 2.2 I will do this at least twice per year in Spring and Autumn. I understand it is best practice to check brood frames for any signs of AFB each time I am working the hive and prior to anything being removed from the hive.
- 2.3 I agree to maintain a system to record inspections, when disease was found and the action taken either electronically or in hard copy.
- 2.4 If I find a diseased hive, I will block the entrance to prevent robbing and spread of disease. The bees will be exterminated using the recommended method (refer to the AFB website www.afb.org.nz, refer to the tab “dealing with hives and equipment” then “closing hives with AFB”).
- 2.5 I will burn the complete hive over a hole dug in the ground within 7 days of detection using the recommended method.
- 2.6 If a fire ban or the location prevents me from burning the hive within 7 days, I will wrap the hive in plastic wrap to stop any bees being able to access it. I will mark it clearly with “AFB”. I will burn it as soon as able and advise AsureQuality (AQ) when this was done.
- 2.7 If I have to relocate the hive for burning, I will notify AQ where the hive was taken to and the date it was burnt.

2.8 I am aware I can contact the AFB Management Agency for a second opinion on larval material showing suspected symptoms of AFB. The AFB Management Agency may offer a free laboratory test to confirm the AFB diagnosis.

Note: It is recommended that you are familiar with the content of the AFB website www.afb.org.nz and the information it contains.

In signing the agreement, I acknowledge that I have read and fully understand the requirements to hold a Disease Elimination Conformity Agreement and understand that it can be cancelled if I breach the agreement.

Completing this form does not necessarily guarantee you will be issued with a DECA as compliance with the AFB Pest Management Plan and the requirements for obtaining a DECA must also be met. (Ref: AFB PMP clause 37, Management Agency DECA Policy 007).

Signature: _____

Print full name: _____

AFB PMP registration code: _____

Date: _____

Hobbyist beekeepers play an important part in the surveillance of exotic pests and diseases.

My role in inspecting and reporting a suspect exotic bee pest or disease:

- a) When inspecting my hive/s I take note of any unusual appearance or behavior of the bees and the brood.
- b) I notify the Ministry of Primary Industries Exotic Pest and Disease Hotline 0800 80 99 66
- c) If required, I will take a sample of the suspect insect or disease by collecting it into a clean container or zip lock bag or as directed by an Authorised Person, to send for diagnostic testing.
- d) I am aware there is information about exotic honey bee pests and diseases from both Ministry of Primary Industries andASUREQuality.