



Send completed form to:

Apiary Coordinator
The Management Agency
National American Foulbrood
Pest Management Plan
PO Box 88
Rolleston 7643

Email a completed form to:

apiary@afb.org.nz

DECA approved by	
Name	
Signature	
Date	
On behalf of the Management Agency	
Database updated	

DISEASE ELIMINATION CONFORMITY AGREEMENT (DECA)

HOBBYIST BEEKEEPER

In accordance with the National Pest Management Plan for American Foulbrood, this is an agreement by the owner of beehives, or the representative of a beekeeping enterprise, to be responsible for disease elimination in the beehives the person either owns or is responsible for. The person understands that this agreement describes the American foulbrood (AFB) control practices used by the beekeeper or beekeeping enterprise, and also agrees to alter these practices, in negotiation with the Management Agency, if required.

Please Note: Only one DECA can be issued per beekeeper registration code

APPLICANT DETAILS

Beekeeper Registration Code

Beekeeper name: _____

Company Name: _____

Address: _____

Size of operation: _____ hives, located on _____ apiaries

OFFICE USE ONLY	
Date Received	
Date Assessed	
Compliance Check	
All Apiaries Up to Date	<input type="checkbox"/>
Beekeeping Experience	<input type="checkbox"/>
Annual Disease Return	<input type="checkbox"/>
Certificate of Inspection	<input type="checkbox"/>
Competency Test	<input type="checkbox"/>

BEEKEEPER COMPLIANCE SELF CHECKLIST

AM I ELIGIBLE TO APPLY FOR A DECA?

Tick

- I have been beekeeping for at least 12 months ☐

- Evidence: 12 month registration ☐ or

- Attached letter from employer ☐

- My apiaries are registered with complete information (co-ordinates etc) ☐

- My Annual Disease Return (ADR) is current ☐

- date if known _____

- My Certificate of Inspection (COI) is current (due 15 December each year) ☐

- I have complied with all National American Foulbrood Pest Management Plan Rules for at least 12 months ☐

- I have passed a competency test in American foulbrood disease recognition and destruction issued by the Management Agency ☐

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

PART 1 COMPULSORY REQUIREMENTS

I agree:

- 1.1 To keep my bees in moveable frame hives;
- 1.2 To keep access to my hives clear so that hives are able to be inspected.
- 1.3 To 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;
- 1.4 To not offer or sell any bees, bee products, or appliances taken from or used in connection with hives contaminated with *Paenibacillus larvae* spores. *P larvae* is the bacterium that causes AFB.
- 1.5 To not feed any drug or substance for the prevention or control of American foulbrood;
- 1.6 To register the location of all apiaries, giving the full name of the landowner, the name and number of the street/road address of the owner, a description of the location of the apiary on the piece of land, and a NZ Topo50 series grid reference, or GPS grid reference for the location of the apiary, within 30 days of establishing the apiary;
- 1.7 To identify each of my apiaries with a registration code issued by the Management Agency, either by marking the registration code on the outside of at least one beehive in each apiary, or on a sign placed in a conspicuous position within the apiary;
- 1.8 To furnish an Annual Disease Return by June 1 each year.
- 1.9 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);
- 1.10 To supply samples of bees/honey for *Paenibacillus larvae* spore testing when requested by the Management Agency (at no charge to the beekeeper);
- 1.11 To 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 the AFB Management Agency when this was done.
- 2.7 If I have to relocate the hive for burning, I will notify the AFB Management Agency 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).

Signed by: _____

Print Name: _____

Date: _____

PART 3 MY ROLE IN INSPECTING AND REPORTING A SUSPECT EXOTIC PEST OR DISEASE

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

- 3.1 When inspecting my hive/s I take note of any unusual appearance or behavior of the bees and the brood.

- 3.2 I will notify the Ministry of Primary Industries Exotic Pest and Disease Hotline 0800 80 99 66 should I identify a suspect exotic pest or disease

- 3.3 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.

I am aware there is information about exotic honey bee pests and diseases from the Ministry of Primary Industries.