ANIMAL HEALTH CERTIFICATE FOR THE MOVEMENT BETWEEN MEMBER STATES OF HONEYBEES (MODEL 'HBEE-INTRA')

URO	PEAN UN	ION				INTR	
	I.1	Consignor		I.2	IMSOC reference		
		Name		I.2a	Local reference		
		Address		I.3	Central Competent Authority	QR CODE	
1		Country	ISO country code	I.4	Local Competent Authority		
	I.5	Consignee		I.6	Operator conducting assembly operations independently of an		
BIGH		Name			establishment Name	Registration No	
		Address			Address		
ו מו ו. בכאנוקוטה טו נטהאפתחוכחו		Country	ISO country code		Country	ISO country code	
	I.7	Country of origin	ISO country code	I.9	Country of destination	ISO country code	
	I.8	Region of origin	Code	I.10	Region of destination	Code	
3	I.11	Place of dispatch		I.12	Place of destination		
		Name	Registration/Approval No		Name	Registration/Approval No	
		Address			Address		
		Country	ISO country code		Country	ISO country code	
	I.13	Place of loading		I.14	Date and time of departure		
	I.15	Means of transport		I.16	Transporter		
		□ Vessel	□ Aircraft		Name	Registration/Authorisation No	
					Address		
		🗆 Railway	Road vehicle		Country	ISO country code	
				I.17	I.17 Accompanying documents		
		Identification	□ Other		Туре	Code	
		Document			Country	ISO country code	
					Commercial document reference	_	
	I.18	Transport conditions			Chilled	Frozen	
	I.19 Container number/Seal number						
		Container No	S	Seal No			

I.20	Certified as or	for						
□ Furthe	er keeping	□ Slaughter		□ Confin	ed establishment	Germinal produ	icts	
Registered equine animal		Travelling cire	Travelling circus/animal act		tion	□ Event or activity near borders		
□ Release into the wild		Dispatch cents	□ Dispatch centre		ng area/purification	Ornamental aquaculture establishment		
Further processing Organic fertil improvers			zers and soil	□ Technical use		 Quarantine or similar establishment 		
□ Products for human consumption □ Pollination				□ Live aquatic animals for human consumption		□ Other		
I.21	🗆 For transit t	hrough a third country	7					
	Third country			ISO	country code			
	Exit point			BCI	P code			
	Entry point			BCI	P code			
I.22	□ For transit throug	h Member State(s)		I.23 🗆	For export			
	Member State	ISO	country code		Third country	ISO cou	ntry code	
	Member State	ISO	country code		Exit point	BCP co	de	
	Member State	ISO	country code					
I.24	Estimated journey t	ime		I.25	Journey log	□ yes	□ no	
I.26	Total number of page	ekages		I.27	Total quantity			
I.28	Total net weight/gro	et weight/gross weight (kg)			I.29 Total space foreseen for the consignment			
I.30	Description of consi	gnment		1				
CN code	e Species	Subspecies/Category	Sex Ident syste	ification m	Identification	number Age	Quantity Type	
Region	of origin	Cold store	Ident	ification m	ark Type of packa	ging	Net weight	
Slaught	erhouse	Treatment type	Natu com	re of nodity	Number of pac	ekages	Batch No	
		Date of collection/production	Man plant	ufacturing	Approval or re number of plant/establish	0		

EURO	PPEAN UNION			Certificate model HBEE-INTRA			
	II. Health information		II.a Certificate reference	II.b IMSOC reference			
	I, the undersigned official veterinarian, hereby certify, that:						
	II.1. The animals in the consignment described in Part I meet the following requirements in any stage of their lifecycle, including honeybee brood:						
	II.1.1.	tumida (Small hive beetle	hown signs of occurrence of American foulbrood, Aethina etle) and <i>Tropilaelaps spp</i> . during the visual examination hour period prior to departure.				
	II.1.2.	of presence of American	y accompanying feed or other material have not shown signs can foulbrood, <i>Aethina tumida</i> (Small hive beetle) and the visual examination carried out within the 48 hour period				
	II.2. According to official information, the animals meet the following animal health requirements:						
	II.2.1. The animals come from an apiary situated in the centre of a circle of at least 3 km radius where American foulbrood has not been reported during the 30 day period prior to departure and which is not restricted due to an outbreak of American foulbrood.						
Part II: Certification	II.2.2. The animals come from an apiary situated in the centre of a circle of radius, where infestation with <i>Aethina tumida</i> (Small hive beetle) <i>spp.</i> has not been reported and which is not restricted due to a susp confirmed occurrence of infestation with <i>Aethina tumida</i> (Small <i>Tropilaelaps spp.</i>						
Part I	⁽¹⁾ II.2.3.	infestation with Varroa spp		eof with the status free from en made to ensure that they ansport.]			
	II.3. To the best of my knowledge and as declared by the operator, the animals in the consignment conform an establishment where there were no abnormal mortalities with an undetermined cause at they have not been in contact with honeybees, which did not comply with the requirements referre to in point II.2.						
	II.4. This certificate is valid for 10 days from the date of issuing. In the case of transport by waterway/sea of animals, the period of 10 days for the validity of the certificate may be extended by the duration of the journey by waterway/sea.						
	Notes:						
	In accordance with the Agreement on the withdrawal of the United Kingdom of Great Britain and Northern Ireland from the European Union and the European Atomic Energy Community, and in particular Article 5(4) of the Protocol on Ireland / Northern Ireland in conjunction with Annex 2 to that Protocol, references to European Union in this certificate include the United Kingdom in respect of Northern Ireland.						
	This animal health certificate shall be completed according to the notes for the completion of certificates provided for in Chapter 2 of Annex I to Commission Implementing Regulation (EU) 2020/2235.						

EUROPEAN UNION

Part I: Box reference I.11: Box reference I.12: Box reference I.30:	"Place of dispatch": Indicate a registered establishment. "Place of destination": Indicate a registered establishment. "Category": Indicate: queen honeybees with maximum 20 attendants, colonies w brood or other.
Part II: ⁽¹⁾ Delete if not ap	plicable.
Official veterinarian	
Name (in capital letters)	Qualification and title
Local Control Unit name	Local Control Unit code
Date	
Stamp	Signature
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