

State of California  
Department of Food and Agriculture  
Bee Safe Program

Date: \_\_\_\_\_

APPEAL

Under the provisions provided in Food and Agricultural Code Sections 29210-29213, I hereby appeal from the inspector's field determination of the disease in an apiary in the possession of the undersigned, consisting of \_\_\_\_\_ colonies of bees located

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A specimen of the diseased material is enclosed herewith. It is requested that this specimen be subjected to a laboratory diagnosis and that a written determination setting forth the findings be issues as provided by law. I understand that the determination so announced is final proof of the nature of the disease existing in such apiary

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

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STATEMENT

We hereby certify that we have jointly obtained a specimen of diseased material from \_\_\_\_\_ colonies in an apiary of \_\_\_\_\_ colonies described above, such diseased material having been collected from a colony marked by the inspector \_\_\_\_\_ on all hives bodies in an official abatement notice given to the apiary owner on \_\_\_\_\_.

Specimen has been chosen and sealed for transportation on \_\_\_\_\_ jointly by the undersigned.

Signed \_\_\_\_\_  
Owner

Signed \_\_\_\_\_  
Inspector

Original to Department  
2<sup>nd</sup> enclosed with specimen  
3<sup>rd</sup> to owner  
4<sup>th</sup> to county

BEE-01 (REV. 10/21)