

Risk Disclosure Statement - Feral Honey Bee Collection, Removal and Movement

Division of Plant Health and Compliance



Nevada
Department
of Agriculture

Risk Disclosure Statement

For the transporting, removal or collecting of honey bee colonies per **Nevada Administrative Code (NAC) 554.065**.

By signing below, parties understand the health and safety risks associated with the transport or removal of Africanized honey bees from the infested property, which include the possibility of stinging, injury or serious illness, and further acknowledge that by the Nevada Department of Agriculture's (NDA) issuance of a permit under NAC 554.065, the NDA is not warranting or assuming legal responsibility to either party, their employees or third persons with respect to the safety of said activity. Both parties agree to notify the adjoining neighbors to help mitigate risk to pets and residents.

Date of removal:

**Removal location
Physical Address:**

County:

**Destination
Physical Address:**

County:

Name of resident:

Signature of resident:

I acknowledge and accept the terms of the Risk Disclosure Statement.

Signature

Date

Name of permit holder:

Signature of permit holder:

I acknowledge and accept the terms of the Risk Disclosure Statement.

Signature

Date