



Risk Disclosure Statement for AHB

Division of Plant Health and Compliance

Risk Disclosure Statement

For the transporting, removal or collecting of honey bee colonies per NAC 554.065

By signing below parties understand the health and safety risks involved through stinging incidents with the transport or removal of Africanized honey bees from the infested property, which include the possibility of death or serious illness or injury, and further acknowledge that by the Nevada Department of Agriculture's 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

Physical Address of Where Removal Will Occur

Name of Resident

Signature of Resident

Name of Permit Holder

Signature of Permit Holder