

EAS APPLICATION FOR MASTER BEEKEEPERS CERTIFICATION PROGRAM

To be filled out by applicant.

Date _____

1. Name _____

2. Address _____

3. Years of Experience _____ email _____ Tel. No. _____

4. Please state your reasons for taking the test and seeking certification: _____

5. Please describe your experience in apiculture: _____

6. The name of the individual supplying your letter of nomination: _____

7. If you have had the equivalent of a college level course in beekeeping, please indicate from what college: _____

_____ When: _____

8. List any awards you have received in relation to your beekeeping experiences: _____

9. Number of colonies you own and operate: _____

10. Beekeeping Associations you currently belong to: _____

11. Check the following that are appropriate to your past beekeeping experiences and operations.

- ☐ A bee supply dealer
- ☐ Raise queens for sale
- ☐ Rent colonies for pollination
- ☐ Assisted commercial pollinator
- ☐ Pack and sell honey
- ☐ Judge honey shows
- ☐ Apiary inspector
- ☐ Taught or assisted in beekeeping short course
- ☐ Allergic to bee stings

12. Please list any other information in reference to your beekeeping experiences that may be helpful to the certification committee _____

13. Are you a member of the Eastern Apicultural Society? Yes _____ No _____

14. Are you planning to attend the next EAS Conference:

Yes _____ No _____

Please return your fully completed application to:

Loretta Surprenant, EAS Secretary
Box 300
Essex, NY 12936
telephone (518) 963-7593

Your application will be reviewed by the Master Beekeeper's Certification Committee and you will be notified of their decision prior to the annual EAS Conference. Further information in regard to the testing program will be included at that time.