

**APPLICATION FOR THE  
VIRGINIA MASTER BEEKEEPER PROGRAM**

To be filled out by applicant:

Date \_\_\_\_\_

Circle which level of test you are applying for:      *Qualified*      *Certified*      *Master (available 2012)*

**Cost: \$25.00** which includes the written and practical testing. Make checks payable to VSBA.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. E-mail (if applicable): \_\_\_\_\_

4. Telephone Number: ( \_\_\_ ) \_\_\_ - \_\_\_\_      Cell: ( \_\_\_ ) \_\_\_ - \_\_\_\_

5. Years of Beekeeping Experience: \_\_\_\_\_

6. Please state your reasons for taking the test and seeking certification: \_\_\_\_\_

\_\_\_\_\_

7. Please describe your experience in apiculture: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Are you a member of the Virginia State Beekeepers Association? YES or NO

9. Have you ever held an elected or appointed position with any beekeeping associations? YES or NO. If YES, please name the association and position(s) held: \_\_\_\_\_

\_\_\_\_\_

10. Please list any educational beekeeping presentations you have given in the last 2 years:

I. \_\_\_\_\_

II. \_\_\_\_\_

III. \_\_\_\_\_

11. Number of colonies you own and operate today: \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Raise & sell Nuc's            | <input type="checkbox"/> Had your hives inspected by Ext. Agent or Va. Apiarist |
| <input type="checkbox"/> Mentor other beekeepers       | <input type="checkbox"/> Assisted commercial pollinator                         |
| <input type="checkbox"/> Raise queens for sale         | <input type="checkbox"/> Apiary inspector                                       |
| <input type="checkbox"/> Rent colonies for pollination | <input type="checkbox"/> Assisted commercial pollinator                         |
| <input type="checkbox"/> Pack and sell honey           | <input type="checkbox"/> Taught or assisted in beekeeping short course          |
| <input type="checkbox"/> Other _____                   |   |

13. List all beekeeping classes you have completed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. List all beekeeping books you have read and any in your personal library: \_\_\_\_\_  
\_\_\_\_\_

15. Please list any other information in reference to your beekeeping experiences that may be helpful to the certification committee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your application will be reviewed by the Master Beekeeper Certification Committee and you will be notified of their decision of which level of test you qualify for using the information you have provided.**

**QUALIFIED LEVEL Testing Requirements:** Must have one (1) year of beekeeping experience and a Basic Beekeeping Knowledge.

**Knowledge requirements:** Must pass a written and practical test

**CERTIFIED LEVEL Testing Requirements:** Must have two (2) years of beekeeping experience beyond the Qualified level and have managed a minimum of three (3) hives.

**Knowledge requirements:**

- Honey bee and colony biology (swarm cycle, requeening techniques, winter biology, etc).
- Bee diseases and Pests (including mite sampling).
- Honey production, extraction and bottling (including comb honey).
- Virginia honey plants and their bloom cycle.
- Basic biology of other stinging insects (wasps, bumblebees, etc).
- Competency in safe handling and use of pesticides.
- Africanized honey bee and best management practices.
- **Must complete six (6) units of public service work in beekeeping.**
- **Must complete at least twelve (12) hours of classroom instruction in advanced beekeeping training.**
- Must pass a written and practical test, including identification of common honey bee diseases and pests.

**Further information can be obtained by contacting the Virginia State Beekeepers Association President: Frank S. Walker e-mail:2010vsbapresident@cox.net**