

Deel II: Certificering	<p>II. Informatie over de gezondheid</p>		
	<p>II. Health information</p> <p>I, the undersigned official veterinarian, hereby certify, that:</p> <p>II.1. The animals of the consignment described in Part I meet the following requirements:</p> <p>II.1.1. The animals have not shown signs of occurrence of infestation with <i>Aethina tumida</i> (Small hive beetle) during the visual examination carried out within the last 48 hours prior to the time of departure of the consignment.</p> <p>II.1.2. Their packaging and any accompanying feed or other material have not shown signs of presence of <i>Aethina tumida</i> (Small hive beetle) during the visual examination carried out within the last 48 hours prior to the time of departure of the consignment.</p> <p>II.2. According to official information, the animals come from an establishment situated in the centre of a circle of at least 100 km radius, where infestation with <i>Aethina tumida</i> (Small hive beetle) has not been reported and which is not restricted due to a suspected case or the confirmed occurrence of infestation with <i>Aethina tumida</i> (Small hive beetle).</p> <p>II.3. To the best of my knowledge and as declared by the operator, the animals come from an establishment where there are no abnormal mortalities with an undetermined cause and they have not been in contact with bumble bees which did not comply with the requirements referred to in point II.2. Eigenaarsverklaring nodig.</p> <p>II.4. The animals:</p> <p>(1) <input checked="" type="checkbox"/> either Check UBN op blokkade lijst NVIC. [come from an establishment or a zone not subject to movement restrictions affecting bumblebees and established for reasons of listed diseases, other than that referred to in point II.2, relevant for those species or diseases subject to emergency measures relevant for those species, and they have not been in contact with other animals of a lower health status for an adequate period.]</p> <p>(1) <input type="checkbox"/> or [come from an establishment or a zone subject to movement restrictions affecting bumblebees and established for (2), but derogations from movement restrictions have been granted, and:</p> <p>(1) <input type="checkbox"/> [they comply with the requirements set out in (3);]</p> <p>(1) <input type="checkbox"/> [and in particular, they are (4).]</p> <p>II.5. This animal health certificate is valid for 10 days from the date of issuing. In the case of transport by waterway/sea of animals, the period of 10 days for the validity of the certificate may be extended by the duration of the journey by waterway/sea.</p>		
	<p>Notes:</p> <p>In accordance with the Agreement on the withdrawal of the United Kingdom of Great Britain and Northern Ireland from the European Union and the European Atomic Energy Community, and in particular Article 5(4) of the Protocol on Ireland/Northern Ireland in conjunction with Annex 2 to that Protocol, references to the Union in this animal health certificate include the United Kingdom in respect of Northern Ireland.</p> <p>This animal health certificate shall be completed in accordance with to the notes for the completion of certificates provided for in Chapter 2 of Annex I to Commission Implementing Regulation (EU) 2020/2235.</p> <p>Part I:</p> <p>Box reference I.11: “Place of dispatch”: Indicate a registered establishment.</p> <p>Box reference I.12: “Place of destination”: Indicate a registered or approved establishment.</p> <p>Box reference I.30: “Category”: Indicate: queens with maximum 20 attendants, colonies with brood or other.</p> <p>Part II:</p> <p>(1) Delete if not applicable.</p> <p>(2) Insert the name of the disease(s).</p> <p>(3) Insert the specific reference to the article(s), title, and number of the relevant legal act(s) adopted by the Commission providing for those requirements.</p>		

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	(4) Insert the specific attestation(s) provided for in and required by the relevant legal act(s) adopted by the Commission, as referred to in Article 126(1), points (b)(ii) and (iii), of Regulation (EU) 2016/429 of the European Parliament and of the Council.			
	Certificerend functionaris/Officiële dierenarts		Hoedanigheid en titel	
	Naam (in hoofdletters)	Handtekening		
	Datum van aangifte			
	Stempel			