

Washington State Beekeepers Association Beekeepers Certification Program Application and Progress Status Form



Name: _____
(Last) (First)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: () _____ - _____

Beekeeping Association Affiliation: _____

Please

Print

Clearly

BEGINNING BEEKEEPER LEVEL

Written examination: Total Score: _____ Certification Number: _____

	1	2	3	4	5	6	7	8	9	10	11	12
Date												
Score												
Initial												

Certificate Issued by: _____ Date: _____

APPRENTICE BEEKEEPER LEVEL

Written examination: Total Score: _____ Certification Number: _____

	1	2	3	4	5	6	7	8	9	10
Date										
Score										
Initial										

Certificate Issued by: _____ Date: _____

JOURNEYMAN BEEKEEPER LEVEL

Written examination: _____

Total Score: _____

Certification Number: _____

	1	2	3	4	5	6	7	8	9	10
Date										
Score										
Initial										

Experience (3 yrs. min): _____

yes/no

Authenticating Signature

Kept Journal for 1 year: _____

yes/no

Authenticating Signature

Practical Field Exam: _____

Score

Date

Examiner

Public Service Points: _____

Num.

Date Completed

Authenticating Signature

Mentored a new beekeeper: _____

yes/no

Authenticating Signature

Certificate Issued By: _____

Date: _____

MASTER BEEKEEPER LEVEL

Written Papers:

Oral

	1	2	3	4	Presentation
Date					
Score					
Initials					

Experience (3 years min after Journeyman Certification)

Years _____

Attach form for documentation of Points for Master Beekeeper Certification see syllabus

Date Completed: _____

Authenticating Signature _____

Certificate Issued By: _____

Date: _____

Certificate # _____