Washington State Beekeepers Association Beekeepers Certification Program





Date: _____

Nama.												
name:_	: (Last)						(First)			Ple	ase	
Addres		-	-				-					
										Pri	nt	
City:				Sta	te:		Zip:			Clearly		
Email:						Phone:	()	=			-	
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					BEGINN	IING BEE	KEEPER	LEVEL				
Writter		Certification Number:										
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Date												
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Initial												

Certificate Issued by:

JOURNEYMAN BEEKEEPER LEVEL

Written	examinat	ion:	Total S	core:	_		Certifica	ation Num	nber:			
	1	2	3	4	5	6	7	8	9	10		
Date												
Score												
Initial												
Experien	ce (3 yrs.	min):	 yes/no			 Authe	nticating	Signature	<u> </u>			
Kept Journal for 2 years:yes/no						Authenticating Signature						
Practical	Field Exa		 re	 Date	_	 Exami	ner					
Public Se	rvice Poi	nts: Num.		e Comple	eted	 Authe	nticating	Signature	 !			
Mentored a new beekeeper: yes/no						Authenticating Signature						
C	Certificate Issued By:						Date:					
				MASTER	R BEEKEE	PER LEVEI	L					
	Writte	n Papers a	ind Oral	Presentat	ions:							
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