

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

Name: _____
 (Last) (First)

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Phone: _____

Beekeeping Association Affiliation: _____

**Please PRINT
clearly.**

If an exam is taken by correspondence, the certificate will be mailed to you, otherwise certificates will be returned to your local beekeeping association.

APPRENTICE LEVEL

Written examinations:

Test #	1	2	3	4	5	6	7	8	9	10	
Date:											TOTAL
Score:											□
Certifier Initial:											

Certificate issued by: _____ Date: _____

JOURNEYMAN LEVEL

Written examinations:

Test #	1	2	3	4	5	6	7	8	9	10	
Date:											TOTAL
Score:											□
Certifier Initial:											

Experience: (2 years minimum): _____
 (yes/no) _____ Authenticating Signature _____

Practical examination (field): _____
 Score _____ Date _____ Examiner _____

Public Service Units (30) : _____
 Number _____ Date Completed _____ Authenticating Signature _____

Certificate issued by: _____ Date: _____

MASTER BEEKEEPER LEVEL

Written papers:

#	1	2	3	4	
Date:					Oral Presentation
Score:					
Certifier Initial:					

Experience: (4 years after Journeyman certification) : _____ (years)

Attach form for Documentation of Points for Master Beekeeper Certification
 (See Master Beekeeper Syllabus for form)

Date Completed: _____ Authenticating Signature: _____

Certificate issued by: _____ Date of certification: _____

