

**Regulation (EC) No. 852/2004 of the European Parliament and Council  
on the Hygiene of Foodstuffs**

**Regulation (EC) No. 853/2004 of the European Parliament and Council  
laying down specific hygiene rules for food of animal origin**

**Registration Application Form for Primary Producers of Honey**

**SECTION A - For Individuals or Sole Traders.**

<b>Title</b> (Ms, Mr, etc.)	<b>Forename(s):</b>		<b>Surname:</b>	
<b>Address</b>				
<b>PPS No.</b>			<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/> Please tick as appropriate
<b>Date of birth*</b>	Day		Month	Year
<b>Nationality</b>				
<b>Telephone</b>	<b>Landline:</b>		<b>Mobile:</b>	
<b>Fax</b>			<b>E mail</b>	
<b>Trading as (if not as self)</b>				
<b>Please indicate any other Department ID number(s) and type(s)</b>				

**SECTION B (Please complete Section B where the business is a registered company)**

<b>Company Name</b>				
<b>Address</b>				
<b>VAT No.</b>			<b>Company Registration No.</b>	
<b>Trading as (if different to above)</b>				
<b>Contact Name (s)</b>				
<b>Telephone</b>	<b>Landline:</b>		<b>Mobile:</b>	
<b>Fax</b>			<b>E-mail</b>	
<b>Please indicate any other Department ID number(s) and type(s)</b>				

\* For statistical and information purposes only

**SECTION C**

<b>Annual Honey Production/ Kgs</b>	
<b>Number of hives</b>	
<b>Location (s) of hive (s)</b> (please give full address (es) where possible)	
<b>Market outlet (s)</b> (eg. direct local sale, wholesale, local retail outlet (s), etc.)	
<b>Type (s) of honey produced</b> (eg. honeydew, comb, chunk, filtered)	

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**Preferred language for future correspondence**      English       Irish      
 **Preferred method of receiving future correspondence**      E Mail       SMS Messaging       Post

**I hereby wish to apply for registration as a primary producer under the above mentioned legislation.**

**DECLARATION**

**I declare that the information in this application is, to the best of my knowledge and belief, true.**

NAME (block capitals) \_\_\_\_\_

Position in Company (if relevant) \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_