Local Association: ________________________________________________________________

Candidate Name: ______________________________________________________________

Is Candidate a Current Member of the SC Beekeepers Association? YES NO (circle one)

Note: Candidate MUST be a current year member of SCBA in order for any achievement to be recorded.

Address: _______________________________________________________________________

Email: _______________________________________________________________________

Phone: ____________________________________________

Written Exam Date: _________________________   Score:  _________________________________

Written Exam Proctor Name: _______________________________________________________

Proctor’s SCBA Certification Level: ________________________________________________

Note: Certification as SCBA Journeyman or above is required to Proctor at this level.

Proctor’s SIGNATURE: _____________________________________________________________

Re-Take Exam Date: _________________________   Score:  _________________________________

Written Exam Proctor Name: _______________________________________________________

Proctor’s SCBA Certification Level: ________________________________________________

Note: Certification as SCBA Journeyman or above is required to Proctor at this level.

Proctor’s SIGNATURE: _____________________________________________________________
CERTIFIED PRACTICAL EXAM

Candidate Name: ________________________________________________________________

Practical Exam Date: ____________________ Score: ____________________________

Practical Exam Proctor Name: ____________________________________________________

Proctor’s SCBA Certification Level: __________________________________________________

Note: Certification as SCBA Journeyman or above is required to Proctor at this level.

Proctor’s SIGNATURE: ____________________________________________________________

I, _____________________________________________, certify that I have owned/cared for honey bees
(Print Candidate Name)
for a minimum of 1 calendar year.

CANDIDATE SIGNATURE: __________________________________________________________

Date: ________________________________

Re-Take Exam Date: __________________________ Score: ____________________________

Practical Exam Proctor Name: ____________________________________________________

Proctor’s SCBA Certification Level: __________________________________________________

Note: Certification as SCBA Journeyman or above is required to Proctor at this level.

Proctor’s SIGNATURE: ____________________________________________________________