



CERTIFICATION OF PROTECTION AGAINST TERMITES

Permit No. \_\_\_\_\_ Address: \_\_\_\_\_

Builder: \_\_\_\_\_

I certify that the above referenced address meets or exceeds the requirements for protection against termites set forth in Section R318 of the 2015 International Residential Code; that the treatment was performed in compliance with the regulations of the Structural Pest Control Board of Texas; and the concentration, rate of application and method of treatment of the chemical termiticide was in strict accordance with the termiticide label.

Name of Protection Provider (Company): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

State License No.: \_\_\_\_\_

Type of Treatment:

- Chemical termiticide treatment
Termite baiting system installed in accordance with the label
Naturally durable termite-resistant wood
Physical barriers in accordance with Section R318.3 and used in locations as specified in Section R317.1
Cold-formed steel framing in accordance with Section R505.2.1 and R603.2.1

STATE OF TEXAS
COUNTY OF DALLAS

I, \_\_\_\_\_, being duly sworn both depose and say that the information contained in the above application is true and correct to the best of my knowledge and belief.

Signature

Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, A.D.

Notary Public in and for the State of Texas