

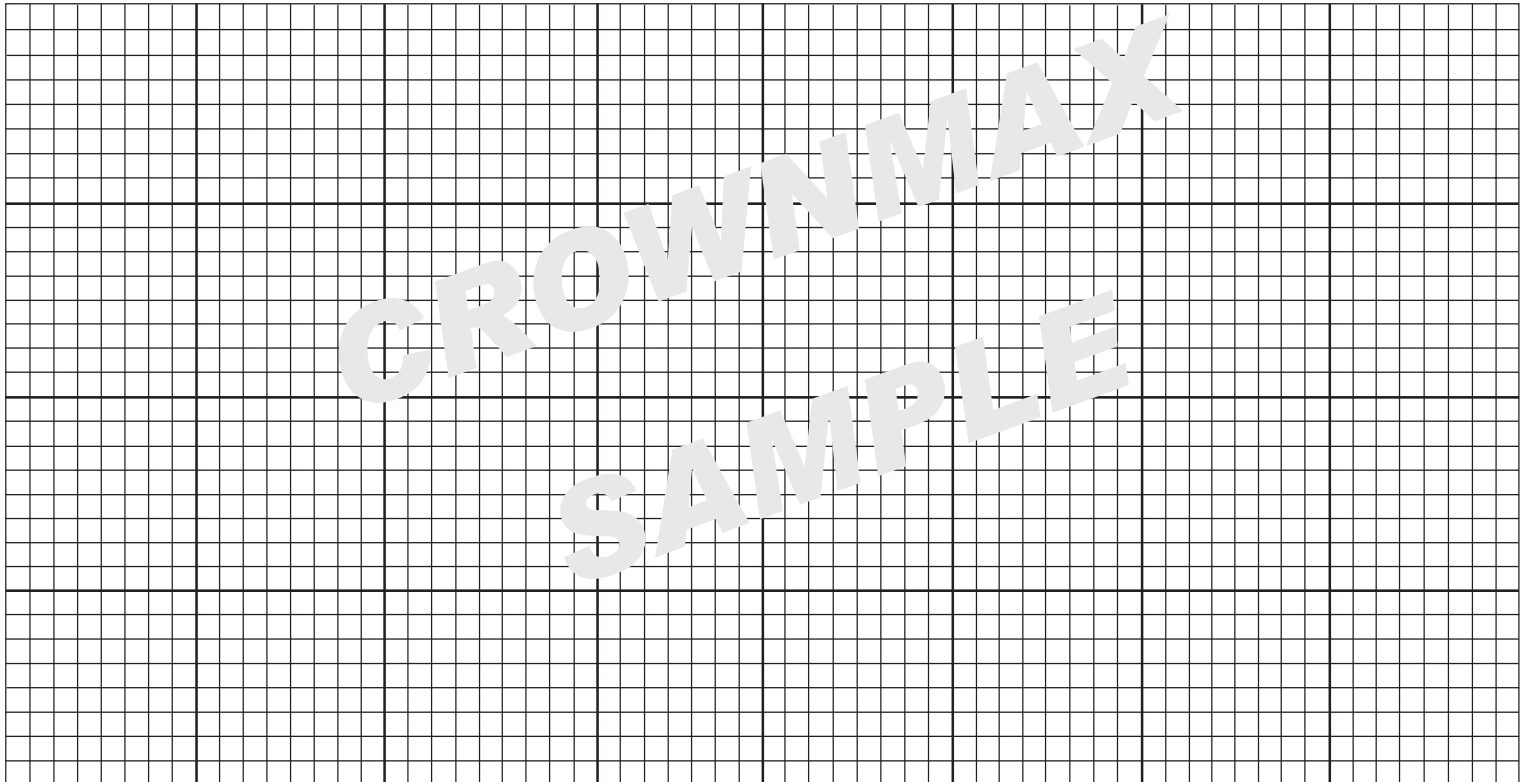
SERVICE PROVIDER _____
 PROVIDER ADDRESS _____ PHONE # _____
 CITY _____ ST _____ ZIP _____
 PROPERTY OWNER _____
 ADDRESS _____ PHONE # _____
 CITY _____ ST _____ ZIP _____
 LOCATION TO BE TREATED _____

TEXAS SPCS
DRYWOOD TERMITE
POST CONSTRUCTION
TREATMENT DISCLOSURE

A label of _____ termiticide(s) or fumigant is enclosed.
 The concentration of the termiticide(s) or type of treatment to be applied at this location is _____ Estimated gallons / pounds _____
 Areas of Present Wood Destroying Insect Activity _____ (See Diagram)

Type of Treatment (Refer to Definition of Treatment) Full Limited

Approximate Measurements of the Structure(s) to be treated _____ (See Diagram)
 A LABEL FOR ANY OTHER PESTICIDE RECOMMENDED OR USED HAS BEEN ATTACHED AS PART OF THIS DOCUMENT. WARRANTY INFORMATION (IF ANY) INCLUDING AREA COVERED, TIME PERIOD OF WARRANTY, RENEWAL OPTIONS AND COST. THE OBLIGATIONS OF THE PEST CONTROL OPERATOR TO RETREAT FOR TERMITE INFESTATIONS OR REPAIR DAMAGE CAUSED BY TERMITE INFESTATIONS WITHIN THE WARRANTY PERIOD, AND CONDITIONS THAT COULD DEVELOP AS A RESULT OF THE OWNERS ACTION OR INACTION THAT WOULD VOID THE WARRANTY HAS ALSO BEEN ATTACHED.



DESIGNATION KEY	
Conductive Condition	C
Evidence of Infestation.....	E
Evidence of Active Infestation	A
Evidence of Previous Infestation.....	P
Drywood Termites.....	D
Wood Boring Beetles.....	B

APPROXIMATE MEASUREMENTS OF THE STRUCTURE(S) TO BE TREATED _____ (SQUARE FOOT OR CUBIC FEET OF TREATMENT)

- | | | | |
|---|---------------------------------------|---------------------------------------|--|
| FOUNDATION: | SIDING: | ROOF: | PRIMARY USE: |
| <input type="checkbox"/> Slab | <input type="checkbox"/> Wood | <input type="checkbox"/> Composition | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Pier and Beam | <input type="checkbox"/> Brick | <input type="checkbox"/> Wood Shingle | <input type="checkbox"/> Public Building |
| <input type="checkbox"/> Pier Type: _____ | <input type="checkbox"/> Stone | <input type="checkbox"/> Metal | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Basement | <input type="checkbox"/> Plaster | <input type="checkbox"/> Tile | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

INACCESSIBLE / OBSTRUCTED AREAS: _____

DEFINITIONS OF TREATMENT: A drywood termite or related insect treatment may be a full treatment or limited treatment. These types of treatments are defined as follows:

FULL TREATMENT: Generally defined as a treatment to control 100 percent of the insect infestation by tarpaulin fumigation or appropriate sealing method. A full treatment by fumigation is designed to eliminate every insect colony, both accessible and inaccessible. It should include the infested structure and all attached structures. Tarpaulin fumigation reaches every part of a structure that may not be reached by other approved methods.

LIMITED TREATMENT: Any treatment less than full treatment. A treatment which has a limited and defined area that is intended to protect a specific location. Often there are adjacent areas susceptible to drywood termite or related insect infestations that are not treated. Because of the nature of wood destroying insects, these untreated areas may continue to harbor drywood termites and unrelated insects throughout the structure without detection.

WARRANTY information provided includes the complete details any warranty provided and the following: Time Period of the Warranty
 ♦ Renewal Options and Cost ♦ Obligations of the Contracting Parties ♦ Conditions that could develop which would void the warranty.
 If the warranty does not include the entire structure treated, the areas included in the warranty are: (specify) _____

A Copy of the consumer information sheet has also been provided.

Signature of Certified Applicator or Technician Completing Estimate	Printed Name	Date
Name of Pest Control Company	TPCL NO.	Date

For all treatments there must be a graph showing exactly what will be treated. Treatment specifications and warranties for those treatments may vary widely. Review the pesticide label provided to you for minimum treatment specification. If you have any questions, contact the **SERVICE PROVIDER** or the Texas Dept. of Agriculture. Licensed and Regulated by: Texas Department of Agriculture • P.O. Box 12847, Austin, TX 78711-2847 • Phone 866-918-4481 • Fax 888-232-2567