TERMITE TREATMENT PROPOSAL

Street address	City	State / ZIP	Date of proposal	Pages
				4

Business license no.

Date inspected

Inspected by

Requested by: _____ Phone: _____

Mailing address: _____

Type of construction: ☐ Slab on grade ☐ Crawl space ☐ Basement ☐ Combination

Inspection findings

This work is: ☐ Preventative ☐ Corrective

Evidence of infestation or damage: _____

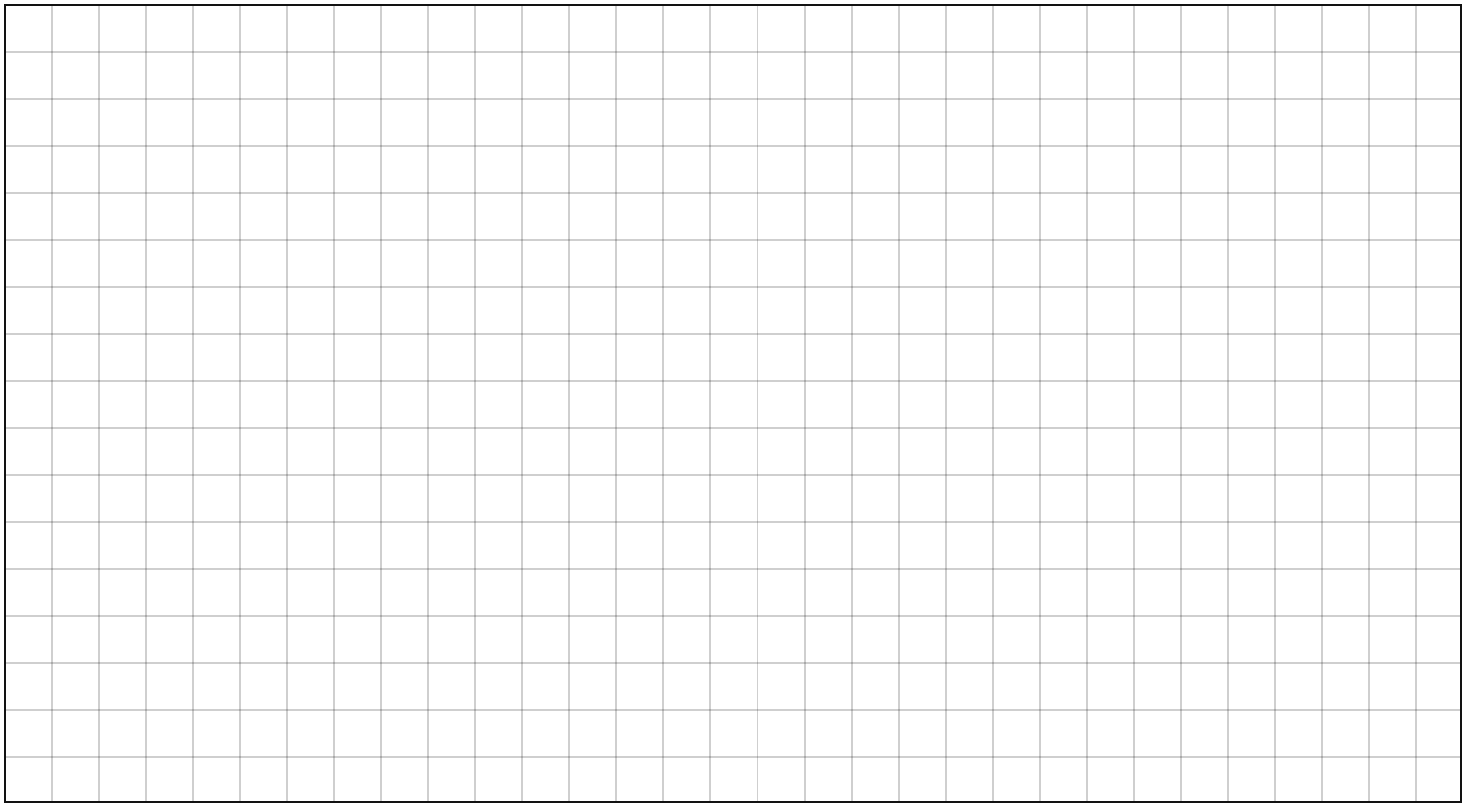
_____

_____

Infestation is: ☐ Active ☐ Inactive ☐ None seen

Diagram 1: Evidence of infestation or damage

Scale: 1 square = _____ ft



X Evidence (A active, I inactive) **D** Damage **M** Moisture source —— Inspected - - - Not inspected

Property address: _____ Date of proposal: _____

Treatment

Organism(s) to be controlled or prevented:

☐ Subterranean termites ☐ Drywood termites ☐ Wood-boring beetles ☐ Other: _____

Method: ☐ Liquid soil treatment ☐ Bait system ☐ Wood treatment ☐ Other: _____

Pesticide or device: _____ EPA Reg. No.: _____ Active ingredient: _____

Finished dilution: _____ Approx. gallons: _____ Linear feet: _____ Bait stations: _____

Work to be performed: _____

_____

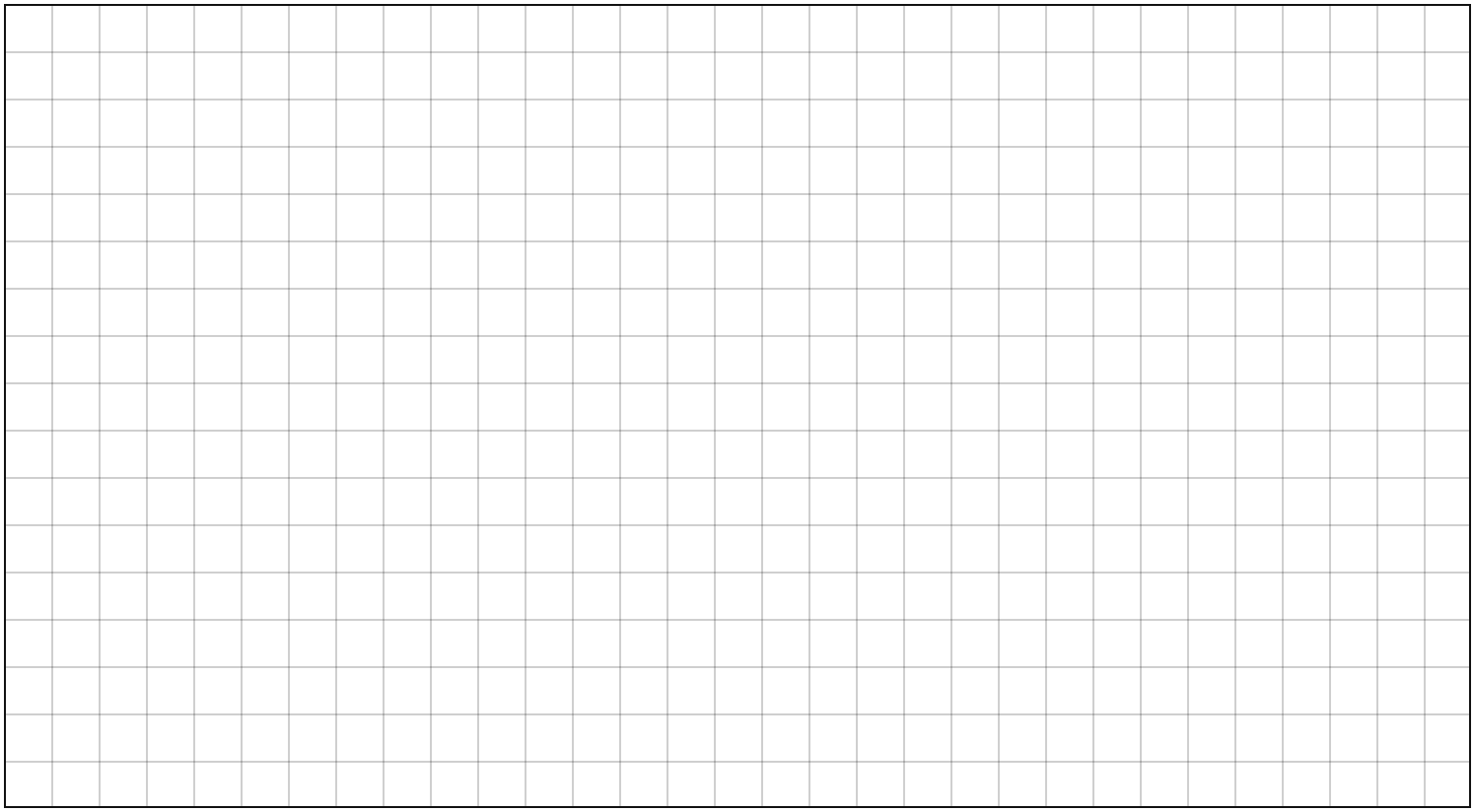
_____

_____

Repairs: _____

Diagram 2: Where treatment or repair will be done

Scale: 1 square = _____ ft



T Trench and rod **DR** Drill and inject **R** Repair ● Bait station ——— Treated - - - Not treated

Price

Treatment: _____

Repairs: _____

Total price: _____

Payment terms: _____ Treatment scheduled for: _____

Property address: _____ Date of proposal: _____

Service agreement

Coverage: ☐ None ☐ Retreatment only ☐ Retreatment and repair, up to $ _____

Effective date (the date treatment begins): _____ Term: _____

Renewable: ☐ Yes ☐ No Renewal fee: _____ Inspections: _____

Transfers to a new owner: ☐ Yes ☐ No

Transfer terms: _____

Conditions and exclusions: _____

Terms

Delivered before treatment. The company gives a copy of this proposal to the person who requested it, or their designated agent, before treatment begins (A.R.S. 3-3632(B)).

Changes need a revised proposal. If the work changes, the company delivers a revised proposal in writing on page 4. It must be approved before the changed treatment is done (A.A.C. R3-8-308(I)(4)).

Warranty start. Any subterranean termite warranty in this agreement takes effect on the date treatment begins (A.A.C. R3-8-309(B)).

Not a promise against termites. Treatment lowers the risk of termites. It does not promise that they will never come back.

Hidden damage. The company is not responsible for damage that could not be seen at the inspection, such as inside walls or under floor coverings, unless the service agreement above covers repair.

Keep the treated soil in place. Tell the company before you regrade, pour concrete, add on, or dig next to the foundation. Work needed because the treated soil was disturbed may cost extra.

Not an inspection report. This proposal is not a Wood Destroying Insect Inspection Report. A proposal that does not identify an infestation is not a binding statement that wood-destroying organisms are present or absent (A.R.S. 3-3632(D)).

Records. The company keeps a record of the treatment and the name and quantity of the pesticide used for three years (A.R.S. 3-3632(F)).

Signatures

I received this proposal and the written recommendation on page 4 before treatment, and I accept the work and price it describes.

Inspector

_____
Signature of the inspector

_____ _____ _____
Printed name License no. Date

Accepted by

_____
Signature of person requesting treatment or designated agent

_____ _____
Printed name Date

Property address: _____ Date of proposal: _____

Written recommendation

The certified applicator gives this written recommendation to the person requesting the proposal or treatment (A.R.S. 3-3632(C)).

Problem verified: _____

Recommended treatment: _____

Other treatments and methods:

☐ Liquid soil treatment ☐ Bait system ☐ Spot or partial treatment ☐ Wood treatment ☐ Other: _____

About the other treatments: _____

Integrated pest management (IPM) methods:

☐ Fix leaks and drainage at the foundation
☐ Remove wood-to-soil contact
☐ Keep soil below the stucco weep screed
☐ Keep sprinklers and plants off the walls
☐ Move firewood and wood debris away
☐ Routine inspections and monitoring

IPM notes: _____

Certified applicator

Signature of certified applicator

Printed name Date

Received by

Signature of person requesting treatment or designated agent

Printed name Date

Revised proposal

Use this part only if the work changes. The person who requested the original proposal, or their authorized agent, approves the revised proposal in writing before the changed treatment is done (A.A.C. R3-8-308(I)(4)).

Changes to the work: _____

Revised total price: _____ Date revised: _____

Revised by

Signature of certified applicator

Printed name Date

Approved by

Signature of person requesting treatment or authorized agent

Printed name Date