NOTICE OF CLEARANCE

Rule 5E-14.113(2), F.A.C.

FUMIGATED STRUCTURE OR ENCLOSED SPACE

Address _____ City, State, ZIP _____

EXACT DATE AND HOUR OF RELEASE FOR REENTRY

Date _____ **Hour** _____ ☐ **AM** ☐ **PM**

I have personally checked the breathing zone of each room within the fumigated structure for fumigant levels with a permissible clearance device and found the structure to be safe for human entry and occupancy.

As a result of my final personal inspection and monitoring examination of the entire structure or space fumigated, I personally certify by my own signature that the same and adjacent vacated structures are safe for human entry, occupancy.

Fumigant (brand name) _____ Clearance device model _____ Serial number _____

SIGNED BY

Signature _____ Printed name _____

Credential # _____

☐ Certified operator in fumigation

☐ Designated special fumigation identification card holder

FUMIGATION COMPANY

Company name _____ License # _____

Business address _____ Telephone _____