OFFICIAL WAIVER

of the Georgia Minimum Treatment Standards for the Control of Subterranean Termites

CONDITIONS GOVERNING THE USE OF THE OFFICIAL WAIVER OF THE MINIMUM TREATMENT STANDARDS FOR THE CONTROL OF SUBTERRANEAN TERMITES

1. The Official Waiver of the Minimum Treatment Standards for the Control of Subterranean Termites is intended to be used ONLY in situations where it is not possible or practical to meet the minimum treatment standards established by the Georgia Structural Pest Control Commission.
2. The Official Waiver of the Minimum Treatment Standards for the Control of Subterranean Termites is not to be used to bypass the minimum treatment standards nor is it used to notify any agency of government that a termite treatment has been completed. For defined post construction soil treatments and preconstruction soil treatments; only items # 1, 2, and 3 are applicable.
3. By signing this document the property owner/agent acknowledges that the property identified will not receive a complete minimum treatment. Signing this document does not affect the terms of any guarantee between the property owner and the pest control company.
4. Each "no" must be explained in detail on the front of this document as to specifically what areas of the structure do not meet the treatment standards and why it is not possible to meet these treatment standards. Additional space is provided below.
5. All sections of this document must be filled out completely. Failure to comply with this requirement or failure to provide the explanation required in "Condition #4" above will constitute a violation involving misuse of this form and may render it void.

Name of Company	**Inspector Name & Certification/Registration Number**
Address of Company	
Owner of Property	**Phone Number of Property Owner/Agent**
Address of Structure Treated	

Note: A separate Official Waiver is required for each individual structure. Reproductions of the Official Waiver for multiple structures is not acceptable.

TERMITE CONTROL

Indicate with a check mark those items that do NOT meet the minimum treatment standards.

SOIL TREATMENTS

Date Job Completed _____

Type of Treatment (Check One)

- ☐ Comprehensive Post Construction Soil Treatment
- ☐ Defined Post Construction Soil Treatment
- ☐ Pre-Construction Soil Treatment

Alternate Application Technique? ☐ YES

Note: For defined post construction soil treatments and preconstruction soil treatments, only items # 1, 2, and 3 are applicable.

NO

1. ☐ All debris removed
2. ☐ Wooden contacts removed or insulated
3. ☐ Crawl space clearance 18 inches or greater
4. ☐ Termite tunnels removed
5. ☐ Foundation adequately trenched/rodded and treated
6. ☐ Voids adequately drilled/treated
7. ☐ Earth filled porches adequately drilled/treated
8. ☐ Contiguous slabs adequately drilled/treated
9. ☐ Slabs at/above grade adequately drilled/treated
10. ☐ Monolithic slabs adequately treated

NON SOIL PESTICIDE, DEVICE, BAIT, OR BAITING SYSTEMS

Date Job Completed _____

NO *Note: All items pertain to both post-construction and pre-construction applications.*

1. ☐ All debris removed
2. ☐ Wooden contacts removed
3. ☐ Crawl space clearance 18 inches or greater
4. ☐ Barrier or baiting system installed consistent with label directions

Explain ***in detail*** what areas of the structure do not meet treatment standards and why it is not possible to meet these treatment standards. Also, attach a graph indicating the area(s) that were not treated to minimum standards. Failure to attach a graph and provide ***a detailed*** written explanation will void this document. Use other side if necessary.

_____

_____

_____

_____

_____

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Notice to property owners/agent do NOT sign this document until you have read and signed "CONDITIONS GOVERNING THE USE OF OFFICIAL WAIVER OF THE MINIMUM TREATMENT STANDARDS FOR THE CONTROL OF SUBTERRANEAN TERMITES" on this document. These "conditions" must be considered part of this document.
You must receive a copy of this report and supporting graph at time of signing or service.

Signature of Property Owner/Agent _____ **Date** _____

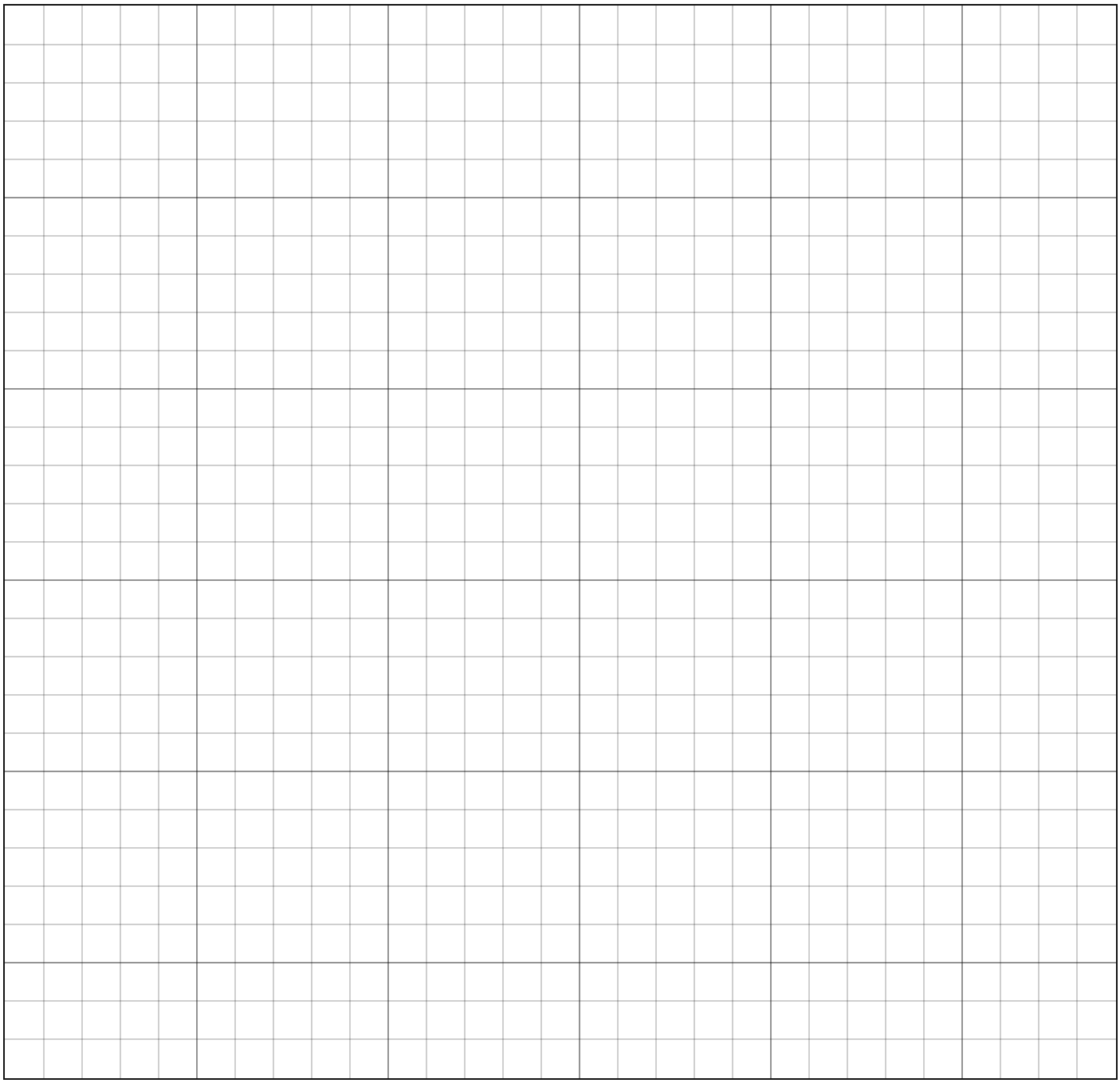
Revised 2026 - Replaces all previous editions

GRAPH

Attached to the Official Waiver

Owner of Property _____ Date _____

Address of Structure Treated _____



Key

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____