TERMITE TREATMENT ESTIMATE AND DISCLOSURE

Street address	City	State / ZIP	Date submitted	Pages
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TPCL no.
Estimator
License no.

Licensed and regulated by: Texas Department of Agriculture, P.O. Box 12847, Austin, TX 78711-2847, Phone (866) 918-4481, Fax (888) 232-2567.

Customer or designee: _____ Mailing address: _____

Date inspected: _____ Planned treatment date: _____

Construction: ☐ Pier and beam ☐ Slab ☐ Combination ☐ Other: _____

Insects and treatment

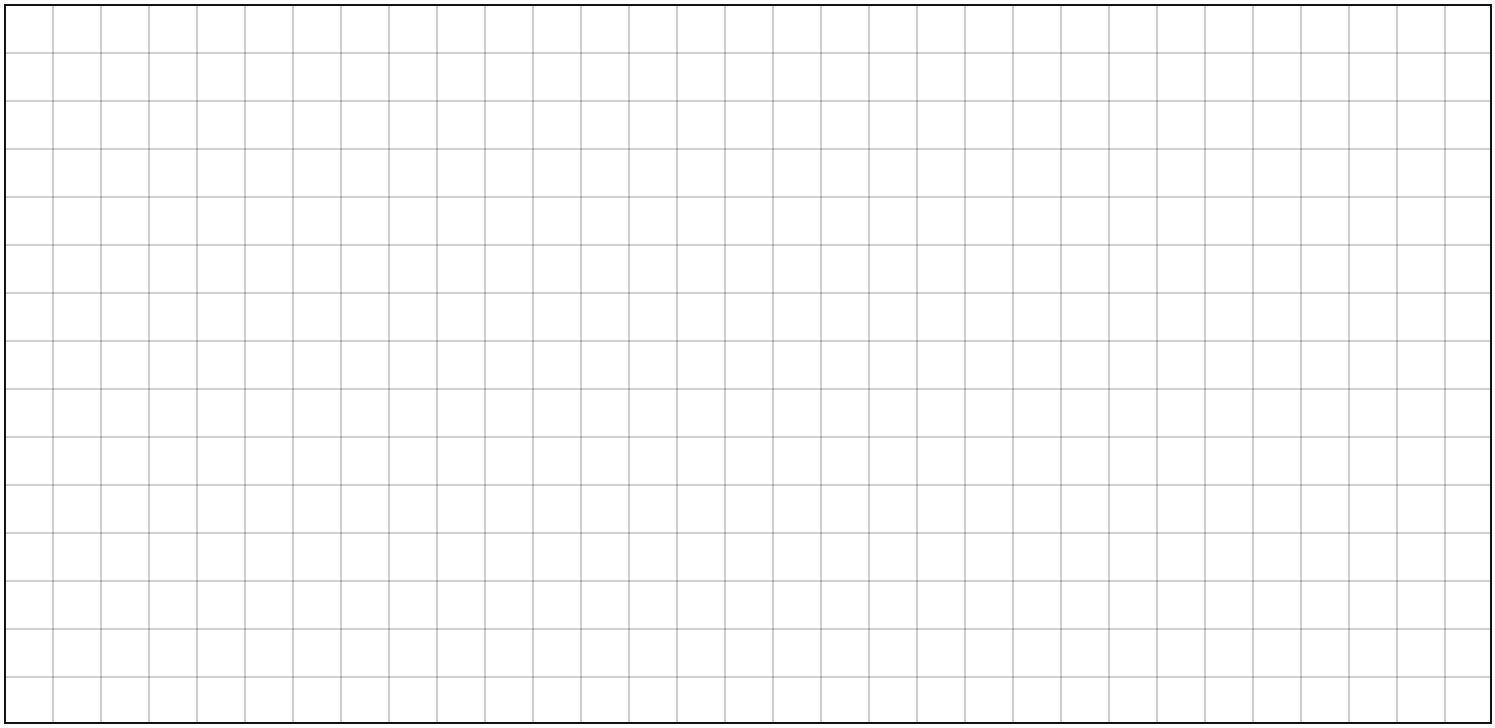
Insects to be treated: ☐ Subterranean termites ☐ Formosan termites ☐ Drywood termites ☐ Powder post beetles ☐ Wood boring beetles ☐ Other: _____

Subterranean termite treatment: ☐ Partial ☐ Spot ☐ Baiting system ☐ Physical barrier

Drywood termite or beetle treatment: ☐ Full (fumigation or sealing) ☐ Spot

Diagram of the structure

Perimeter of entire structure: _____ linear ft



Activity: **A** Active **P** Previous **Treatment:** **X** Drilled **TR** Trenched **RD** Rodded **BS** Bait station **BT** Physical barrier

Conducive conditions: **G** Wood to ground contact **I** Formboards left in place **J** Excessive moisture **K** Debris under or around structure **L** Footing too low or soil line too high **M** Wood rot **N** Heavy foliage **O** Planter box abutting structure **Q** Wood pile in contact with structure **R** Wooden fence in contact with structure **T** Insufficient ventilation **C** Other —— Treated - - - Not treated

Property address: _____ Date submitted: _____

Findings

Areas of active or previous termite activity: _____

_____

_____

Other wood destroying insect activity: _____

Conditions conducive to infestation: _____

_____

Construction details: _____

_____

Treatment

Product: _____ EPA Reg. No.: _____ Active ingredient: _____

Concentration: _____ Approx. gallons: _____ Linear feet: _____

Minimum bait stations: _____ Physical barrier (sq ft): _____

Areas to be treated, and how: _____

_____

_____

_____

Treatment sticker: ☐ Beneath kitchen sink ☐ Next to water heater ☐ Next to breaker box

Given to the customer: ☐ Pesticide label ☐ Consumer information sheet ☐ Complete warranty details

Warranty

Warranty: ☐ No warranty ☐ Warranty, as written below

Areas covered: _____ Length: _____

Renewal: _____

If termites return: _____

_____

What voids the warranty: _____

_____

Price

Treatment: _____

Other: _____

Total: _____

Payment terms: _____

Property address: _____ Date submitted: _____

All termite treatments (4 TAC §7.174(b)(9))

For all treatments there will be a diagram 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 pest control company or the Texas Department of Agriculture, P.O. Box 12847, Austin, Texas 78711-2847. Phone (866) 918-4481.

Subterranean termite treatments (4 TAC §7.174(b)(8))

(A) A termite treatment may be a partial treatment or spot treatment using termiticide, approved physical barriers, or a baiting system. These types of treatments are defined as follows:

- (i) Partial Treatments. This technique allows a wide variety of treatment strategies but is more involved than a spot treatment (see definition below). Ex.: treatment of some or all of the perimeter, bath traps, expansion joints, stress cracks, portions of framing, walls and bait locations.
- (ii) Spot Treatments. Any treatment which concerns a limited, defined area less than ten (10) linear or square feet that is intended to protect a specific location or "spot." Often there are adjacent areas that are susceptible to termite infestation which are not treated.
- (iii) Baiting Systems. This type of treatment may include interior and/or perimeter placement of monitoring or baiting systems along with routine inspection intervals. The baiting technique may include one (1) or more locations as prescribed by the product label and instructions.
- (iv) Barriers. If a physical barrier is used, the square footage of the physical barrier must be recorded and a diagram describing the installation will be provided.

(B) The types of treatment defined may apply to construction types as follows:

- (i) Pier and Beam. Treatment of the outer perimeter including porches, patios and treatment of the attached garage. In the crawl space, treatment would include any soil to structure contacts (piers and/or pipes).
- (ii) Slab Construction. Treatment of the perimeter and all known slab penetrations as well as any known expansion joints or stress cracks.

Drywood termite and beetle treatments (4 TAC §7.174(b)(11))

A drywood termite, powder post beetle, wood boring beetle, or other related wood destroying insect treatment may be a full treatment or spot treatment. These types of treatments are defined as follows:

(A) Full Treatment: A treatment to control 100% of the insect infestation by tarpaulin fumigation or appropriate sealing method. A full treatment by fumigation is designed to eliminate every insect colony. It should include the infested structure and all attached structures; or

(B) Spot Treatment: Any treatment less than a full treatment by tarpaulin fumigation. This treatment should be considered only when a drywood termite, powder post beetle, wood boring beetle or related insect infestation has a limited and defined area of infestation. Adjacent areas susceptible to dry wood termite, powder post beetle, wood boring beetle or related insect infestations are not treated. Because of the nature of wood destroying insects, these untreated areas may continue to harbor drywood termites, powder post beetle, wood boring beetle, and related insects throughout the structure without detection.

Terms

Changes. We treat as this disclosure says. If something unexpected calls for a change, we give you a written addendum when the treatment is complete (4 TAC §7.172(c)).

Treatment sticker. When the treatment is done, we leave a sticker in the place checked on page 2. Please leave it in place (4 TAC §7.172(d)).

Re-treatment. Before any re-treatment, we give you the pesticide label, an updated diagram, and the consumer information sheet (4 TAC §7.174(c)).

Records. We keep a copy of this disclosure for 2 years (4 TAC §7.174(d)).

Signatures

By signing, the customer accepts this estimate and confirms receipt of the pesticide label, the consumer information sheet, and the warranty details, if any.

Approved by

_____
Signature of certified applicator or licensed technician (termite category)

_____ _____ _____
Printed name License no. Date

Accepted by

_____
Signature of customer or designee

_____ _____
Printed name Date