LOUISIANA DEPARTMENT *of*
AGRICULTURE & FORESTRY
MIKE STRAIN, DVM ***Commissioner***

STRUCTURAL PEST CONTROL COMMISSION
5825 Florida Boulevard, Suite 3003
Baton Rouge, LA 70806
(225) 925-3787 / spc@ldaf.state.la.us

WOOD DESTROYING INSECT ERADICATION REPORT (WDIE)

All reports and required fees shall be submitted to the department by the 10th of each month.

Business Name: _____ POB Permit Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____ Report Month and Year: _____

☐ None to Report – No contracts for the eradication of WDI were issued this month.

Contract Number	Code A	Code B	Code C	Address of Property Treated	Property Owner Name (and Address if Different)	Date Work Began	Date Contract Issued	Waiver Obtained (Yes or No)	Fee Due $14.00

_____ Total Contracts This Page

Total Fees Due This Page $ _____

I hereby certify that the above listed properties represent all properties on which a contract has been issued for the eradication of wood destroying insects by the above named POB during the above named month. Included is a check in the amount shown below for fees due on the number of contracts.

Primary Licensee Name and ID Number: _____

Licensee Signature: _____ Date: _____

Total Number of Contracts: _____ x $14.00 each = Total Fees Due _____

OFFICE USE	
Transmittal #	
Check #	
Date	
Amt. $	.00

WOOD DESTROYING INSECT ERADICATION RPT 0600 1595 01

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WOOD DESTROYING INSECT ERADICATION REPORT (WDIE)

All reports and required fees shall be submitted to the department by the 10th of each month.

CODING INFORMATION

Use the coding abbreviations provided below to complete the information for properties on which a contract for the eradication of WDI has been issued.

CODE A – INSECT TYPE	CODE B – CONSTRUCTION TYPE	CODE C – TREATMENT TYPE
• DWT – Drywood Termites • AB – Anobiid Beetle • BB – Bostrichid Beetle • FST – Formosan Subterranean Termites • ST – Subterranean Termites • OHB – Old House Borer • LB – Lyctid Beetle • MWB – Metallic Wood Borer	• S – Slab • S/P – Slab/Pier • P – Pier • O – Other	• FU – Fumigation • PT – Pretreat • PC – Post Construction • ST – Spot Treatment • BT – Bait Treatment • CC – Combination Spot and Bait • NCL – New Construction Liquid • NCBT – New Construction Bait • NCCC – New Construction Combination Spot and Bait

FEES

- $14.00 per contract
- Copies of waivers should not be submitted with monthly reports.
- Only one copy of the completed form must be submitted with payment.

PLEASE RETURN THIS FORM AND REMITTANCE TO:

LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY
5825 FLORIDA BLVD., SUITE 1003
BATON ROUGE, LA 70806

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(225) 925-3787 / spc@ldaf.state.la.us

WOOD DESTROYING INSECT REPORTS (WDIR)

All reports and required fees shall be submitted to the department by the 10th of each month.

Business Name: _____ POB Permit Number: _____

Address: _____

Email: _____ Phone Number: _____

Report Month and Year: _____

☐ None to Report – No WDIRs were issued/performed this month.

CODE: Construction Type: S – Slab, P – Pier, S/P – Slab Pier, O – Other

Number	Code	Address of Property Inspected	Name of Seller/Buyer (and address if different)	Date of Inspection	Check if Treated	Fee Due $14.00

I hereby certify that the above listed properties represent all properties that our business has performed a WDIR during the above named month. Attached hereto is a check in the amount shown below for fees due on the number of wood destroying inspections made and listed on this report.

Primary Licensee and ID Number: _____ Date: _____

Primary Licensee Signature: _____

Total Number of WDIRs: _____ x $14.00 per WDIR = Total Fees Due _____

Please Return this Form and Remittance to:
Louisiana Department of Agriculture and Forestry
5825 Florida Blvd., Suite 1003
Baton Rouge, LA 70806

OFFICE USE	
Transmittal #	
Check #	
Date	
Amt. $	.00

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TERMITE PERIMETER APPLICATION

This form is to report the perimeter treatment completed within 12 months of a pre-construction application initially reported on a WDIE report.

All reports shall be submitted to the department by the 10th of each month.

There are no fees associated with this report.

Business Name: _____ POB Permit Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____ Report Month and Year: _____

☐ None to Report – No perimeter treatments for pre-construction were performed this month.

Codes (Construction): S – Slab, S/P – Slab/Pier, P – Pier, O – Other

Site	Code	Address of Property Treated	Name of Property Owner (and address if Different)	Date Initial Treatment Began	Date Perimeter Concluded
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Licensee and Licensee Number: _____

Licensee Signature: _____ Date: _____

Please return this form to:
Louisiana Department of Agriculture and Forestry
5825 Florida Blvd., Suite 1003
Baton Rouge, LA 70806