TERMITE PRETREAT PLOT AND METER BOX SIGN

Street address	City	State / ZIP	Date issued	Pages
				2

License No.
Contract No.
Permit No.

Structure owner	**Subdivision**	**Lot No.**

Termiticide brand name	**EPA Reg. No.**	**Dilution**

Construction ☐ Monolithic slab ☐ Floating slab ☐ Crawl space **Perimeter due by** _____

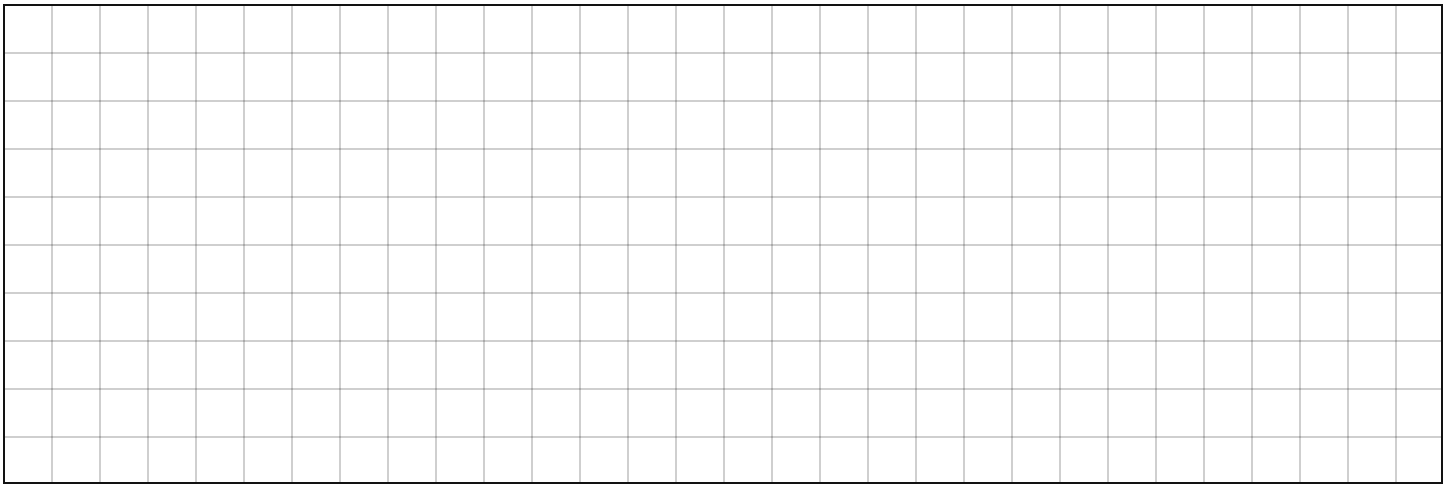
Treatment phases

Rules 116 and 118.05(1)

Phase	Date treated	Area treated	Gallons of dilution	Applicator and ID No.	Monthly report
Horizontal barrier					
Perimeter at final grade					
Other:					

Plot of the property pretreated

Scale: 1 square = _____ ft



—— Horizontal barrier - - - Perimeter at final grade **M** Electric meter box sign

Licensee or permit holder	**Plot given to structure owner**	**Date given**	**Licensee or permit holder signature**

Rule 115(11): A complete plot or diagram giving the dimensions and shape of the property pretreated shall be given to the structure owner and one copy shall be maintained by the licensee.

Rule 118.05(1): All perimeter treatments must be performed within one year of treatment of the horizontal barrier.

Rule 116: Reporting of work for pre-construction treatments must be done upon completion of treatment of each construction phase (e.g., treatment of footing, treatment of horizontal barrier, treatment of dried in phase, treatment of exterior perimeter).

ELECTRIC METER BOX SIGN

Rule 118.05(1): Upon completion of a perimeter treatment, the technician shall post a weather resistant durable sign to the exterior electrical meter box attached to the structure that was treated. The sign shall be a minimum size of 3.5 inches by 1 inch and give company name, company address, name of licensee or permit holder, the date of the perimeter treatment and a statement that the notice should not be removed.

Print at actual size (100%). Each sign is 3.5 by 2 inches. Cut on the dashed lines, then laminate or seal each sign before you post it.

TERMITE PRETREATMENT

Company name _____

Company address _____

_____

Name of licensee or permit holder _____

Date of the perimeter treatment _____

THIS NOTICE SHOULD NOT BE REMOVED.

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