TERMITE TREATMENT CONTRACT

Street address	City	State / ZIP	Contract date	Pages
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License no.
Contract no.
Date inspected

Customer (property owner): _____ Phone: _____

Mailing address: _____ Email: _____

Legal description, if any: _____

Structure(s) covered: _____

Construction: ☐ Slab ☐ Crawl space ☐ Basement ☐ Block foundation Total square feet: _____ Total linear feet: _____

Treatment

Method: ☐ A. Liquid, existing structure ☐ B. Bait system ☐ C. Borate or wood-applied ☐ D. Pretreatment

Scope: ☐ Complete treatment ☐ **This is a SPOT/PARTIAL treatment**

Complete trade name of product: _____ EPA Reg. No.: _____

Target pest: _____ Application rate: _____

Site treated: _____ Dilution rate for mixing: _____

Total quantity (tank mix or stations): _____ Restricted entry interval (label): _____

Application record (filled in at treatment)

Date of application: _____ Start time: _____ Stop time: _____

Total amount of pesticide used: _____ Adjuvants or drift agents the label requires: _____

Certified applicator: _____ Cert. no.: _____ Cert. expires: _____

Non-certified applicator under direct supervision: _____

Term, price, and warranty

Effective date: _____ Term: _____ Expires: _____

Renewal option: _____

Treatment price: _____ Renewal fee: _____ Payment terms: _____

Warranty or guarantee: ☐ Retreatment only ☐ Retreatment and repair, up to: _____ ☐ None

Warranty terms: _____

Property address: _____ Contract no.: _____

Diagram of the structure

Scale: 1 square = _____ ft



T Visible termites **D** Termite damaged material **S** Spot treatment area ● Bait station ——— Treated - - - Not treated

Locations of visible termites and termite damaged materials observed: _____

How the application was performed: _____

Minimum standards

The work meets the minimum standards for termite work in OAC 35:30-17, except as explained below. The standards for soil treatment under buildings (35:30-17-66) and for concrete slabs of existing structures (35:30-17-69) are never written out of this contract.

Minimum requirements that will not be met, and why: _____

Customer agrees with this explanation. Initials: _____

Termite damaged material

☐ **No replacements of damaged material due to termites or other wood destroying organisms are to be made.**

☐ Damaged material will be replaced: _____

☐ Damaged material will be repaired: _____

"Replaced" means to remove all visible damaged material and bring the area back to sound condition using new materials. The use of putty, paint, or similar materials shall not constitute replacement. **"Repaired"** means to bring the area back to sound condition. (OAC 35:30-17-20(b) to (d))

Property address: _____ Contract no.: _____

A. Liquid termiticide, existing structure

OAC 35:30-17-66 to -69.1

☐ The backfill of the trench will be treated.

☐ Block foundation treated at the openings at the top instead of drilling.

Exact location of any spot treatment (at least 3 feet in 2 or more directions): _____

_____

Well or cistern on the property: ☐ None ☐ Yes, location: _____

B. Termite bait or baiting system

OAC 35:30-17-75.1 to -75.5

Term (at least one year): _____ Option for renewal by the parties: ☐ Yes ☐ No

Stations installed: _____ Linear feet of perimeter: _____ Station monitoring interval: _____

A consumer information sheet on the termite bait or termite baiting system was provided. Customer's initials: _____

Deviation from the label or the 20 foot spacing: ☐ None ☐ Disclosure signed before treatment

When this contract ends, the company will make reasonable efforts to remove all bait system components.

C. Borate or other wood-applied termiticide

OAC 35:30-17-69.3 and -74

Treatment: ☐ Post-construction ☐ New construction, after dry-in

A product information sheet accompanies this contract. Customer's initials: _____

Attic sticker, tag, or stencil (on a stud within 5 feet of the attic access): _____

Front entrance sticker, tag, or stencil (new construction): _____

D. Pretreatment (new construction)

OAC 35:30-17-73

Builder (contractor): _____

Total square footage treated: _____ Total linear feet treated: _____

Form HUD-NPMA-99-B (Form NPCA-99b in the rule) is issued to the builder as an attachment to this contract.

Stub-out tag location: _____

Outside foundation: treated after final grade, within 30 days of notification of completion of landscaping or one year from the date of completion of construction, whichever comes first.

Any part not treated through no fault of the applicator, and why: _____

_____

Property address: _____ Contract no.: _____

Terms

Labels. Every product is applied as its label directs. The company keeps a copy of each label with its records.

Records. The company keeps this contract, its diagram, and every application and monitoring record at its main Oklahoma office for at least two (2) years after the contract expires (2 O.S. 3-83(A)).

Substandard work. If the work does not meet the minimum standards, the company corrects it within twenty (20) calendar days of written notification, unless the Board grants an extension in writing (2 O.S. 3-86(A)(19)).

Changes to the structure. The customer tells the company before adding a room, porch, patio, or slab, or regrading soil against the foundation, so the company can inspect and treat the change.

Warranty. Any warranty or guarantee applies only as written on page 1 of this contract.

Cancellation policy

"Prior to entering into a contract, all service terms, including the cancelation policy, must be clearly conveyed to the customer and a copy of the contract must be provided to the customer at the time the contract is signed." (OAC 35:30-17-20(e))

How either party may cancel: _____

_____

_____

Charges or refunds on cancellation: _____

_____

_____

The service terms, including this cancellation policy, were explained to me before I signed. Customer's initials: _____

I received a copy of this contract at the time I signed it. Customer's initials: _____

Signatures

For the customer

_____
Signature of customer (property owner)

_____ _____
Printed name Date

For the company

_____
Signature of certified applicator

_____ _____
Printed name Date

_____
ODAFF certification no. and expiration date