



PROTECTION AGAINST TERMITES

Building Inspection

Permit No. _____ Address: _____

Builder: _____

I certify that the above referenced address meets or exceeds the requirements for protection against termites set forth in Section R318 of the 2021 International Residential Code; that the treatment was performed in compliance with the regulations of the Structural Pest Control Board of Texas; and the concentration, rate of application and method of treatment of the chemical termiticide was in strict accordance with the termiticide label

Name of Protection Provider (Company): _____

Name of Responsible Certified Applicator/Technician (Individual): _____

Address: _____

Phone: _____ Email: _____

State License No.: _____

Types of Treatment:

- | | |
|--|--|
| <input type="checkbox"/> Chemical termiticide treatment
<input type="checkbox"/> Termite baiting system installed in accordance with the label
<input type="checkbox"/> Naturally durable termite-resistant wood | <input type="checkbox"/> Physical barriers in accordance with Section R505.2.1 and used in locations as specified in Section R317.1
<input type="checkbox"/> Cold-formed steel framing in accordance with Section R505.2.1 and R603.2 |
|--|--|

State of Texas County of Dallas

I, _____ (Responsible Certified Applicator/Technician), being duly sworn both depose and say that the information contained in the above application is true and correct to the best of my knowledge and belief.

Signature (Responsible Certified Applicator/Technician)

Date

Subscribed and sworn to before me this _____ day of _____, 20____, A.D.

Notary Public in and for the State of Texas