TEXAS DEPARTMENT OF INSURANCE

Regulatory Policy Division - Property and Casualty Lines Office (104-PC)
333 Guadalupe, Austin, Texas 78701 ★ PO Box 149104, Austin, Texas 78714-9104
(512) 676-6710 | F: (512) 490-1014 | (800) 578-4677 | TDI.texas.gov | @TexasTDI

[Print]

CERTIFICATE OF MOLD DAMAGE REMEDIATION

Certificate Number ___**1200170AB**___ Date of Issuance ___**December 6, 2018**___

Name ___**Raviga Properties LLC**___

Mailing Address ___**2028 E Ben White Blvd., #240-4322,**___

City ___**Austin**___ State ___**TX**___ Zip ___**78741-6966**___

Property Description:

Number ___**8507**___ Street ___**Manhattan Drive**___ Lot _____ Block _____

Addition or Tract _____ City ___**Houston**___ County ___**Harris**___

SIGN APPROPRIATE CERTIFICATION

Mold Assessment Consultant License Holder Certification

- I hereby certify that based on visual, procedural and analytical evaluation, the mold contamination identified for this project has been remediated as outlined in the mold management plan or remediation protocol.

- I further certify with reasonable certainty that the underlying cause or causes of the mold that were identified for this project in the mold management plan or remediation protocol have been remediated. A copy of the written evaluation that forms the basis for my certification has been provided to the person named in this certificate.

_____ _____ _____
Mold Assessment Consultant Texas Department of Licensing and Regulation Date
License Holder Signature License No. and Expiration Date

Mold Remediation Contractor License Holder Certification

- I hereby certify that I completed mold remediation on this project and will provide the mold remediation certificate to the property owner no later than the 10th day after the date of completion.
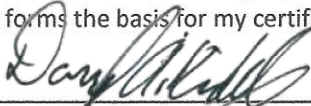
_____ _____ _____
Mold Remediation Contractor Texas Department of Licensing and Regulation Date of Completion
License Holder Signature License No. and Expiration Date

OR

Mold Assessment Consultant or Adjustor License Holder Certification

- I hereby certify that I have inspected the property described in this certificate and that based on my inspection I have determined that the property does not contain evidence of mold damage. A copy of the written evaluation that forms the basis for my certification has been provided to the person named in this certificate.

_____ ___**MAC0565, Expires 12-20-2020**___ ___**12-6-18**___
Mold Assessment Consultant/Adjustor Texas Department of Licensing and Regulation Date
License Holder Signature License No. and Expiration Date