

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



CERTIFICATE OF MOLD DAMAGE REMEDIATION

Certificate Number	Date of Issuance	3-9-18
Name SAMAR Algalam		
Mailing Address 722 LAST ARROW		
City Houston	State TX	Zip 77079
Property Description:		
Number 122 Street LAST A		Lot Block
Addition or Tract Cit	y Houston	_ County Houston
SIGN APPROPRIATE CERTIFICATION		
Mold Assessment Consultant License Holder Ce	rtification	
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 License Holder Signature	Texas Department of Licensing and Reg 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 10 th 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.		
Mold Assessment Consultant/Adjustor License Holder Signature	Texas Department of Licensing and Rep License No. and Expiration Date	gulation Date