

CERTIFICATE OF MOLD REMEDIATION

PC326 MDR-1 | 0419

Certificate showing this property does not have mold damage

Property owner: Keep this certificate and give a copy to your insurance agent or company.

Property owner and location

Property owner's name Mark Flach
Mailing address 2710 Evergreen Cliff Trail, Kingwood TX 77345
Property address " " "
Lot 5 Block 4 Addition or tract KINGS POINT #6 County Harris

Instructions

- **If mold damage has been treated (remediated):** Both Box A and B below must be filled out. The mold remediation contractor must fill out Box A. The mold assessment consultant must fill out Box B.
 - **If no mold damage was found:** The mold assessment consultant or insurance adjuster must fill out Box C.
- **Mold damage has been treated** (If Box A and B are filled out, Box C does not need to be filled out.):

Box A: To be filled out by the mold remediation contractor.

I certify that:

- I treated the damage caused by mold at this property. Treatment can include removing, cleaning, sanitizing, and preventing mold damage.
- I gave this certificate to the property owner within 10 days after completing the work.

Certificate number	Date issued
Mold remediation contractor's signature	Date
Contractor's printed name and address	Date treatment completed
Texas Department of Licensing and Regulation license number	License expiration date

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(cont. over)
8/17/2020

Box B: To be filled out by the mold assessment consultant.

I certify that:

- Damage caused by mold at this property has been treated (remediated).
- With reasonable certainty, the underlying causes of the mold have been treated so mold will not return.
- I gave a copy of my report to the property owner.

Per Occupations Code Section 1958.154: Based on visual, procedural, and analytical evaluation, the mold contamination identified for the project has been remediated as outlined in the mold management plan or remediation protocol.

Mold assessment consultant's signature

Date

Consultant's printed name and address

Texas Department of Licensing and Regulation license number

License expiration date

► **No mold damage was found** (If Box C is filled out, Box A and B do not need to be filled out.):

Box C: To be filled out by the mold assessment consultant or insurance adjuster.

I certify that:

- I inspected this property.
- I did not find signs (evidence) of any mold damage.
- I gave a copy of my report to the property owner.

** all A/C vents and boxes were cleaned. Registers were replaced. by Marc Flach*

081720KH
Certificate number

8-17-2020
Date issued

[Signature]
Mold assessment consultant or insurance adjuster's signature

8-17-2020
Date

Beth W Harrison
Consultant or adjuster's printed name and address

MAC 0471
Texas Department of Licensing and Regulation license number, or
Texas Department of Insurance license number

2-2021
License expiration date