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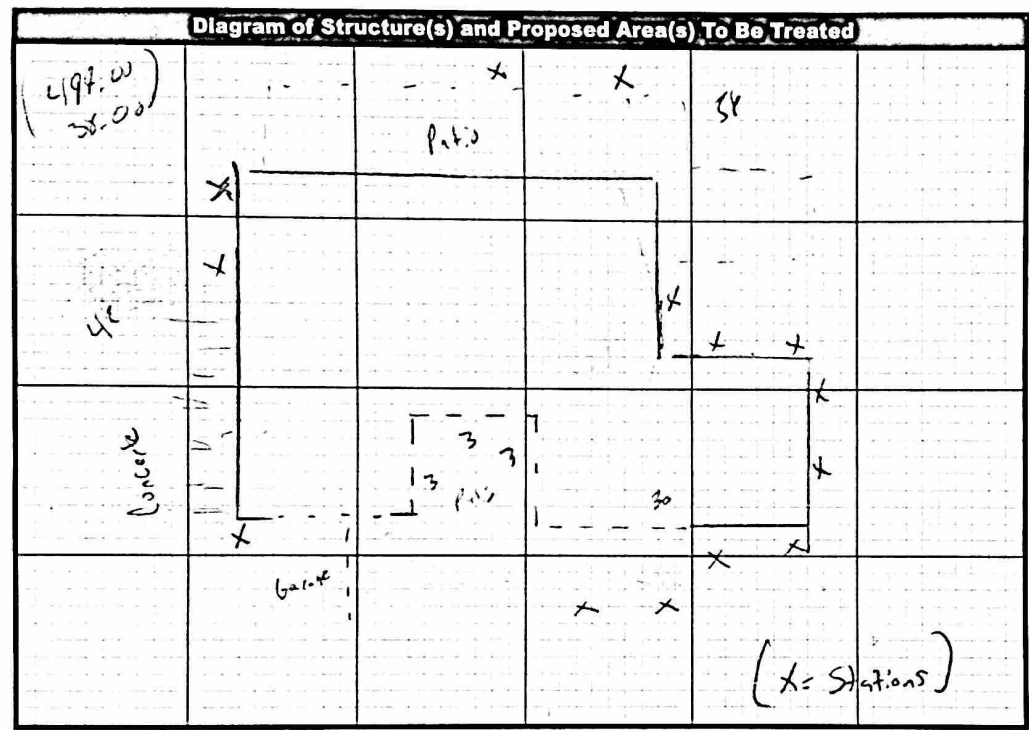
**POST-CONSTRUCTION SUBTERRANEAN TERMITE, DRYWOOD TERMITE & RELATED WOOD DESTROYING INSECT TREATMENT DISCLOSURE DOCUMENT**

**PEST CONTROL COMPANY:**  
 Name: NATRAN GREEN PEST CONTROL TPCL# 0700315 Phone: 713-868-5568  
 Address: 12460 NORTHWEST FREEWAY City: HOUSTON State: TX Zip Code: 77092

**CUSTOMER:**  
 Name / Contact: Josh Parra Phone: (314) 757-0754  
 Address to be Treated: 6022 Utopia, Willow St City: Houston State: TX Zip Code: \_\_\_\_\_  
 Email: joshua.parra@gmail.com Notes: Subterranean Termites

This disclosure document is provided with each written estimate for treatment of subterranean termites, drywood termites, powder post beetles, wood boring beetles or other related wood destroying insects (excluding carpenter ants). For all treatments there will be a diagram showing exactly what will be treated. Treatment specifications and warranties for those treatments may vary widely. Review the pesticide label provided to you for minimum treatment specification. If you have any questions, contact the pest control company or the Texas Department of Agriculture, P.O. Box 12847, Austin, Texas 78711-2847. Phone (866) 918-4481

**TARGET PEST(S):**  
No visible signs of  
**AREA(S) OF ACTIVITY:**  
Termite Activity.



**AREA(S) TO BE TREATED:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
**DISCLOSURE DATE & ESTIMATE DETAILS:**  
 \_\_\_\_\_  
 \_\_\_\_\_

- Key To Diagram Symbols**
- Conditions Conducive for Infestation.....C
  - Evidence of Infestation.....E
  - Evidence of Active Infestation.....A
  - Evidence of Previous Infestation.....P
  - Evidence of Subterranean Termites.....S
  - Evidence of Formosan Termites.....F
  - Evidence of Wood Boring Beetles.....W
  - Evidence of Powder Post Beetles.....Y
  - Evidence of Drywood Termites.....D
  - Evidence of Other WDI:.....V
  - Areas to be Drilled.....X
  - Areas to be Trenched.....O
  - Area to be Rodded.....R
  - Area Bait Station to be Installed.....BS
  - Area Physical Barrier to be Installed.....BT

**CONSTRUCTION TYPE:**

<b>FOUNDATION:</b> <input checked="" type="checkbox"/> Slab <input type="checkbox"/> Pier and Beam <input type="checkbox"/> Basement <input type="checkbox"/> Other: _____	<b>SIDING:</b> <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Plaster <input type="checkbox"/> Other: _____	<b>ROOF:</b> <input checked="" type="checkbox"/> Composition <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	<b>PRIMARY USE:</b> <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Public Building <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other: _____	<b>INACCESSIBLE / OBSTRUCTED AREAS:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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**PROPOSED TREATMENT TYPE & SPECIFICATIONS:**

Subterranean Termite Post-Construction Treatment Types:  Partial  Spot  Baiting System  Barrier  Pier and Beam  Slab Construction (See definitions on back side)

Drywood Termite, Powder Post Beetle, Wood Boring Beetle or other related Wood Destroying Insect Treatment Type:  Full  Spot (See definitions on back side)

Approximate measurements of structure(s) to be treated: Whole

A label of Sentricon / Recruit HP is attached. The concentration of termiticide or type of treatment to be applied at this location will be \_\_\_\_\_%.

If a baiting system will be installed the minimum number of bait stations will be 18. If a physical barrier will be used, the amount of barrier will be: \_\_\_\_\_ sq ft cu ft  
place station every ft around foundation of home.

**WARRANTY & ATTACHMENTS:**

Warranty information (if any) including area covered, time period of warranty, renewal options and cost, the obligations of the contracting parties, and conditions that could develop which would void the warranty is attached. If the warranty does not include the entire structure treated, the areas included in the warranty are: (specify): \_\_\_\_\_

\_\_\_\_\_ A copy of the consumer information sheet has been made available to the appropriate party.

Signature of Certified Applicator or Technician Completing Estimate: [Signature] Printed Name & License #: Chase Connor 066261 Date: 12-16-21

Signature of Customer Verifying Receipt of This Document: [Signature] Date: \_\_\_\_\_