

**Certificate showing this property does not have mold damage**  
**Certificate of mold damage remediation**

**Property Owner:** Keep this certificate and give a copy to your insurance agent or company

**Property owner and location**

Property owner's name: Sorush and Noruzzadeh Ghuchani

Mailing address: 2211 Trocadero Lane, League City, TX 77573

Property address: 2211 Trocadero Lane, League City, TX 77573

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Addition or tract: \_\_\_\_\_ County: Galveston

**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.

MISTX2685

Certificate number

7/5/2019

Date issued

*Craig Wilson*

Mold remediation contractor's signature

7/5/2019

Date

BMS of Houston 10511 Kipp Way #400 Houston TX 77099

Contractor's printed name and address

6/29/2019

Date treatment completed

MRC #1046

Texas Department of Licensing and Regulation license number

3/16/2020


License expiration date

**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.

	7/5/2019
_____	_____
Mold assessment consultant's signature	Date
Philip Chime - 2512 S. IH 35, Ste. 110, Austin TX 78704	
_____	
Consultant's printed name and address	
MAC#1378	06/01/2020
_____	_____
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.

Certificate number	Date issued
_____	_____
Mold assessment consultant's signature	
_____	Date
_____	
Consultant's printed name and address	
_____	_____
Texas Department of Licensing and Regulation license number	License expiration date