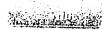


## Texas Department of Insurance

Regulatory Policy Division - Personal and Commercial 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 <u>10-26-17</u>	
Name Philip Leung		
Mailing Address 15918 RIVER Roa	المالية	
city Houston s	tate TX Zip 77079	
Property Description:		
Number 15918 Street RIVER Road	Lot Block	
Addition or Tract City	Houston county HARRIS	
SIGN APPROPRIATE CERTIFICATION		
Mold Assessment Consultant License Holder Certific	cation	
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	Department of State Health Services Date License No. and Expiration Date	
Mold Remediation Contractor License Holder Certific	cation	
<ul> <li>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<sup>th</sup> day after the date of completion.</li> </ul>		
Mold Remediation Contractor License Holder Signature	Department of State Health Services Date of Completion 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	Department of State Health Services License No. and Expiration Date  1026-17  Date	



Fire, Water, Mold, Rebuild
<a href="https://www.myremediationconsultant.com">www.myremediationconsultant.com</a>
Ph 713-295-9453

## Work Authorization/Receipt of Payment

The Consultant performed the following,  VISUAL INSPECTION OF STRUCTURE
Testing, MOISTURE RESTING OF STRUCTURE
Amount
Samples  1025 Tinspection Protocol Clearance Total
Philip Leung Client Name (Print)
Email Address
Signature
10-26-17 Date