



TEXAS DEPARTMENT OF INSURANCE

PC326 MDR-1 | Eff. 12/15/05

Regulatory Policy Division - Personal and Commercial Lines Office (104-PC)
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CERTIFICATE OF MOLD DAMAGE REMEDIATION

Certificate Number _____ Date of Issuance 10-26-17
Name Philip Leung
Mailing Address 15918 RIVER Roads
City Houston State TX Zip 77079

Property Description:

Number 15918 Street RIVER Roads Lot _____ Block _____
Addition or Tract _____ City Houston County HARRIS

SIGN APPROPRIATE CERTIFICATION

Mold Assessment Consultant License Holder Certification

- 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 License No. and Expiration Date

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 10th day after the date of completion.

Mold Remediation Contractor License Holder Signature

Department of State Health Services License No. and Expiration Date

Date of Completion

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.

Handwritten signature of Mold Assessment Consultant/Adjustor License Holder

MAC1273 8/28/19
Department of State Health Services License No. and Expiration Date

10-26-17
Date



Fire, Water, Mold, Rebuild
www.myremediationconsultant.com
Ph 713-295-9453

Work Authorization/Receipt of Payment

The Consultant performed the following,

VISUAL inspection OF STRUCTURE

Testing,

MOISTURE TESTING OF STRUCTURE

Amount

_____	Samples
<u>225⁰⁰</u>	Inspection
_____	Protocol
_____	Clearance
<u>225⁰⁰</u>	Total

Philip Leung
Client Name (Print)

Email Address

[Signature]
Signature

10-26-17
Date