



**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 10/16/17

Name Diana Simmons

Mailing Address 18407 Autumn Park Dr.

City Houston State TX Zip 77064

**Property Description:**

Number 18407 Street Autumn Park Dr. 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 10<sup>th</sup> day after the date of completion.

\_\_\_\_\_  
Mold Remediation Contractor  
License Holder Signature

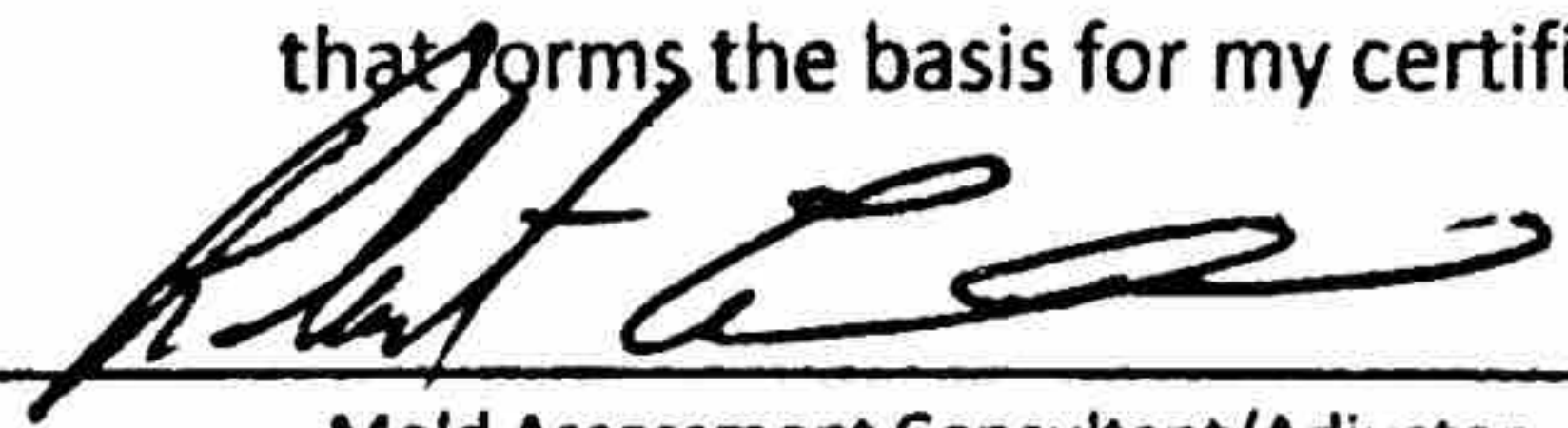
\_\_\_\_\_  
Department of State Health Services  
License No. and Expiration Date

\_\_\_\_\_  
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.



\_\_\_\_\_  
Mold Assessment Consultant/Adjustor  
License Holder Signature

MAC#1295 exp. 07/28/18

\_\_\_\_\_  
Department of State Health Services  
License No. and Expiration Date

10/16/17

\_\_\_\_\_  
Date