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.

	erty owner's name _	Brad Kym		
Mailir	ng address	29334 Village Ridge Ct, Magnolia, T	X 77355	
Property address29334 Village Ridge Ct, Magnolia, TX 77355				
Lot	Block	Addition or tract	County Montgomery County	
İnstı	ructions			
•	•		Box A and B below must be filled out. The ld assessment consultant must fill out Box	
•	If no mold dama Box C.	ge was found : The mold assessment c	onsultant or insurance adjuster must fill out	
► Mo	old damage has b	peen treated (If Box A and B are filled	out, Box C does not need to be filled out.):	
Вох	A: To be filled ou	t by the mold remediation contract	or.	
I cer	tify that:			
I cer	I treated the dan	nage caused by mold at this property. I ng, and preventing mold damage.	reatment can include removing,	
	I treated the dan cleaning, sanitizi	,	, and the second	
•	I treated the dan cleaning, sanitizi	ng, and preventing mold damage.	, and the second	
Cert	I treated the dan cleaning, sanitizi I gave this certifi	ng, and preventing mold damage.	ays after completing the work.	
Cert	I treated the dan cleaning, sanitizi I gave this certific	ng, and preventing mold damage. cate to the property owner within 10 days cate to the property owner within 10 days	Date issued	

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. 			
Per Occupations Code Section 1958.154: Based on visual, procedural, as contamination identified for the project has been remediated as outline or remediation protocol.			
Mold assessment consultant's signature	Date		
Consultant's printed name and address			
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 d Box C: To be filled out by the mold assessment consultant or ins			
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. 			
			EMSLMLD-152303161
Certificate number Hath Kais	Date issued 05-30-2023		
Mold assessment consultant or insurance adjuster's signature	Date		
Heather Karisch			
Consultant or adjuster's printed name and address			

MAC1480

Texas Department of Insurance license number

Texas Department of Licensing and Regulation license number, or

11-09-2023

License expiration date