

SUBTERRANEAN TERMITE POST-CONSTRUCTION TREATMENT DISCLOSURE FOR EACH ESTIMATE

PEST CONTROL COMPANY:

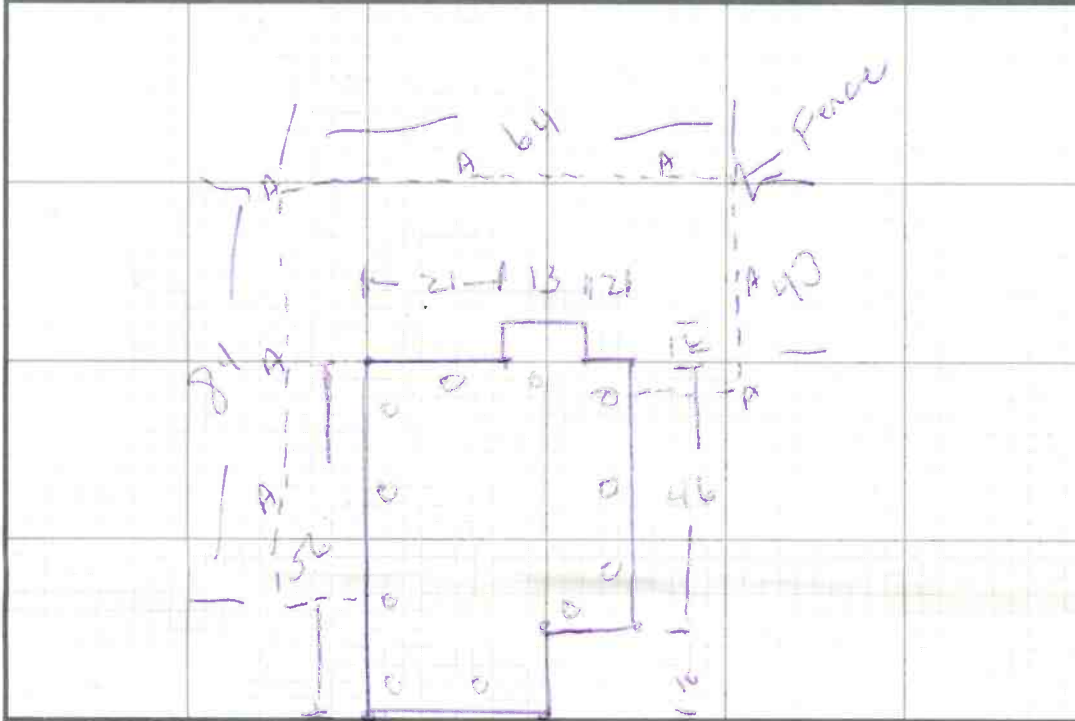
Name: Fileman Pest Services SPCS Business License No. _____ Phone #: 800-578-0134
 Address: 800 Alamo St City: Corsicana State: TX Zip Code: 75109

CUSTOMER INFORMATION:

Name: Darryl Ackerman Phone #1: 512-629-5900 Phone #2: _____
 Address: 201 Jennifer City: Bascom State: TX Zip Code: 78620

For all treatments there will be a diagram showing exactly what will be treated. Treatment specifications and warranties for those treatments may vary widely. Review the pesticide label provided to you for minimum treatment specification. If you have any questions, contact the pest control company or the Texas Department of Agriculture, P.O. Box 12847, Austin, Texas 78711-2847. Telephone number: (866) 918-4481; (512) 305-8250 or Fax: (888) 232-2567.

Diagram of Structure(s) and Proposed Area(s) To Be Treated



KEY TO DIAGRAM SYMBOLS

| | |
|--|----|
| Conductive Condition for Termites..... | C |
| Evidence of Infestation..... | E |
| Evidence of Active Infestation..... | A |
| Evidence of Previous Infestation..... | P |
| Evidence of Subterranean Termites .. | S |
| Evidence of Formosan Termites..... | F |
| Evidence of Wood Boring Beetles..... | W |
| Area to be Drilled..... | X |
| Area to be Trenched..... | O |
| Area to be Rodded..... | R |
| Area Bait Station to be Applied..... | BS |
| Area Barrier to be Applied..... | BT |

Area of Present Termite Activity:

Force line

Location to be Treated:

Perimeter of House & Force

TYPE OF CONSTRUCTION:

| | | | | |
|--|---|--|---|---|
| FOUNDATION: <input checked="" type="checkbox"/> Slab <input type="checkbox"/> Pier and Beam Pier Type: _____ <input type="checkbox"/> Basement <input type="checkbox"/> Other: _____ | SIDING: <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Plaster <input type="checkbox"/> Other: _____ | ROOF: <input checked="" type="checkbox"/> Composition <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____ | PRIMARY USE: <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Public Building <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other: _____ | INACCESSIBLE / OBSTRUCTED AREAS: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
|--|---|--|---|---|

PROPOSED TREATMENT SPECIFICATIONS:

Type of treatment: Partial Spot Baiting System Physical Barrier: _____ sq ft Approximate perimeter measurement of structure to be treated: 298 LF
 A label of Termidor is attached. The concentration of liquid termiticide (if any) to be applied: 0.06% Approx. number of baiting systems (if any): _____

DEFINITIONS OF TREATMENT:

A subterranean termite treatment may be a partial treatment or spot treatment using termiticide, approved physical barriers or a baiting system. These types of treatments are defined as follows:
Partial Treatment: This technique allows a wide variety of treatment strategies but is more involved than a spot treatment (see definition below). Ex: treatment of some or all of the perimeter, bath traps, expansion joints, stress cracks, portions of framing, walls and bait locations.
Pier and Beam: Generally defined as the treatment of the outer perimeter including porches, patios and treatment of the attached garage. In the crawl space, treatment would include any soil to structure contacts as well as removal of any wood debris on the ground.
Slab Construction: Generally defined as treatment of the perimeter and all known slab penetrations as well as any known expansion joints or stress cracks.
Spot Treatment: Any treatment which concerns a limited, defined area less than ten (10) linear or square feet that is intended to protect a specific location or "spot". Often there are adjacent areas that are susceptible to termite infestation, which are not treated.
Baiting Systems: This type of treatment may include interior and/or perimeter placement of monitoring or baiting systems along with routine inspection intervals. The baiting technique may include one or more baiting locations as prescribed by the product label and instructions.
Barriers: If a physical device is used, the square footage of the physical device must be recorded and a diagram describing the installation will be provided.

WARRANTY & ATTACHMENTS:

Warranty information (if any) including area covered, time period of warranty, renewal options and cost, the obligations of the contracting parties, and conditions that could develop which would void the warranty is attached. If the warranty does not include the entire structure treated, the areas included in the warranty are: (specify) None. A consumer information sheet is also attached.

Signature of Certified Applicator or Technician Completing Estimate: J. Wherry Printed Name: J. Wherry Date: 1/10/21
 Signature of Customer Verifying Receipt of This Document: _____ Date: _____