

## 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.

#### Property owner and location

Property owner's name Zain Khan  
 Mailing address 17203 Kendall Ridge Ln Houston TX 77095  
 Property address 7819 Edgeway Dr Houston, TX 77055  
 Lot 30 Block B Addition or tract Harris County \_\_\_\_\_

#### Instructions

- **If mold damage has been treated (remediated):** Both Box A and B below must be filled out. The mold remediation contractor must fill out Box A. The mold assessment consultant must fill out Box B.
- **If no mold damage was found:** The mold assessment consultant or insurance adjuster must fill out Box C.

► **Mold damage has been treated** (If Box A and B are filled out, Box C does not need to be filled out):

**Box A:** To be filled out by the mold remediation contractor.

I certify that:

- I treated the damage caused by mold at this property. Treatment can include removing, cleaning, sanitizing, and preventing mold damage.
- I gave this certificate to the property owner within 10 days after completing the work.

<u>72214</u>	<u>7/20/2022</u>
<b>Certificate number</b>	<b>Date issued</b>
<u><i>Matt Mayan</i></u>	<u>7/20/2022</u>
Mold remediation contractor's signature	Date
<u>Matt Mayan 24523 Gooly Rd Ste 645 Spring TX</u>	<u>7/16/2022</u>
Contractor's printed name and address	Date treatment completed
<u>MRC 1636</u>	<u>3/3/2024</u>
Texas Department of Licensing and Regulation license number	License expiration date

**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.
- I gave a copy of my report to the property owner.

Per Occupations Code Section 1958.154: Based on visual, procedural, and analytical evaluation, the mold contamination identified for the project has been remediated as outlined in the mold management plan 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 do not need to be filled out.):

**Box C:** To be filled out by the mold assessment consultant or insurance adjuster.

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.

\_\_\_\_\_  
**Certificate number**

\_\_\_\_\_  
**Date issued**

\_\_\_\_\_  
Mold assessment consultant or insurance adjuster's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Consultant or adjuster's printed name and address

\_\_\_\_\_  
Texas Department of Licensing and Regulation license number, or  
Texas Department of Insurance license number

\_\_\_\_\_  
License expiration date