



TERMITE CERTIFICATE

INFORMATION REQUIRED AS PER FLORIDA BLDG CODES 105.10 & 1816

Permit #: _____ Strap# _____

Site Location: _____

Area Treated in Linear or Square Feet: _____

Date of Treatment: _____ Time of Treatment: _____

Name of Technician/Applicator; _____

Product Name: _____

Scientific (chemical): _____
(Different from product name)

(Note: Bait systems list chemical name that will be used if termites are detected)

Percent Concentration: _____

(Note: Bait systems if you don't have the % then how many stations per foot)

Number of Gallons: _____

(Note: Bait systems enter number of stations used)

Final Statement:

"The building has received a complete treatment for the prevention of subterranean termites. Treatment is in accordance with the rules and laws established by the Florida Department of Agriculture and Consumer Services."

I agree that the above information is correct and pertains to the address listed above:

Authorized Signer for Pest Control Company:

Printed Name: _____

Signature: _____

Name of Pest Control Company: _____

The completed form can be faxed to 239-472-8826 or emailed to sanibelbuild@mysanibel.com

