



# TERMITE CERTIFICATE

Permit Number: \_\_\_\_\_

Site Location: \_\_\_\_\_

Area Treated in Linear or Sq. Feet: \_\_\_\_\_

Date of Treatment: \_\_\_\_\_ Time of Treatment: \_\_\_\_\_

Identity of Applicator: \_\_\_\_\_

Product Name: \_\_\_\_\_

Scientific (Chemical) Name: \_\_\_\_\_

*(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

\_\_\_\_\_  
Name of Pest Control Company

Email to [Buildingpermits@fmbgov.com](mailto:Buildingpermits@fmbgov.com),

If you have any questions please call 239-765-0202.