



PROTECTION AGAINST TERMITES

The residence addressed below meets or exceeds the requirements for protection against termites set forth in the International Residential Code.

PLEASE PRINT

PROTECTION PROVIDER (COMPANY) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ FAX _____

BUSINESS EMAIL _____ WEBSITE _____

NAME OF TSCPb CERTIFIED APPLICATOR _____

SIGNATURE OF TSCPb CERTIFIED APPLICATOR _____

STATE LICENSE # OF TSCPb CERTIFIED APPLICATOR _____

STATE OF TEXAS
COUNTY OF COLLIN



_____, personally appeared before me, and being first duly sworn declared that, he/she signed this application in the capacity designated, if any, and further states that he/she has read the above application and the statements there in contained are true.

(seal)

Notary Public Signature