



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,

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