

test City Zip Code

Inspected Address

City

Zip Code

1A. test

1B. 1qb

Name of Inspection Company

SPCS Business License Number

1C. 1c

Address of Inspection Company

City

State

Zip Code

Telephone No

1D.

Name of Inspector (Please Print)

1E. Certified Applicator

Technician

1F. 12-3-2022

Inspection Date

Seller

Agent

Buyer

2. test2

Name of Person Purchasing Inspection

Management Co.

Other

Owner/Seller

3. test3

4 REPORT FORWARDED TO:

Title Company or Mortgagee

Purchaser of Service

Seller

Agent

Buyer

(Under the Structural Pest Control regulations only the purchaser of the service is required to receive a copy)

The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Department of Agriculture Structural Pest Control Service. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.

5A.

List structure(s) inspected that may include residence, detached garages and other structures on the property.(Refer to Part A, Scope of Inspection)

5B Type of Construction:

Foundation:

Slab

Pier & Beam

Basement

Other

Pier Type

Siding:

Wood

Fiber Cement Board

Brick

Stone

Stucco

Other

Other

Roof:

Composition

Wood Shingle

Metal

Tile

Other

Other

6A This company has treated or is treating the structure for the following wood destroying insects:

If treating for subterranean termites, the treatment was:

Partial

Spot

Bait

Other

If treating for drywood termites or related insects, the treatment was:

Full

Limited

6B.

Date of Treatment by Inspecting Company

Common Name of Insect

Name of Pesticide, Bait or Other Method

This company has a contract or warranty in effect for control of the following wood destroying insects:

Yes

No

List Insects

If "Yes", upload copy(ies) of warranty and treatment diagram

File here

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the purchase or sale of this property. I do further state that neither I nor the company for which I am acting is associated in any way with any party to this real estate transaction.

Signature

7A. Inspector

Technician or Certified Applicator Name and License Number

Other Present: 7B

Apprentices, Technicians, or Certified Applicators Name(s) and Registration/License Number(s)

Notice of Inspection Was Posted At or Near:

8A Electric Breaker Box

Water Heater Closet

Beneath the Kitchen Sink

8B Date Posted:

Date

Yes

No

9A. Were any areas of the property obstructed or inaccessible?

(Refer to Part B & C, Scope of Inspection) If "Yes" specify in 9B.

9B. The obstructed or inaccessible areas include but are not limited to the following:

Attic

Insulated area of attic

Plumbing Areas

Planter box abutting structure

Deck

Sub Floors

Slab Joints

Crawl Space

Soil Grade Too High

Heavy Foliage

Eaves

Weepholes

Yes

No

10A. Conditions conducive to wood destroying insect infestation:

(Refer to Part J, Scope of Inspection) If "Yes" specify in 10B.

10B. Conducive Conditions include but are not limited to:

Debris under or around structure (K)

Wood to Ground Contact (G)

Planter box abutting structure

Excessive Moisture (J)

Planter box abutting structure (O)

Footing too low or soil line too high (L)

Wood Rot (M)

Heavy Foliage (N)

Wood Pile in Contact with Structure (Q)

Wooden Fence in Contact with the Structure (R)

Insufficient ventilation (T)

Other

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11. Inspection Reveals Visible Evidence in or on the structure:

	Active Infestation		Previous Infestation		Previous Treatment	
11A. Subterranean Termites	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
11B. Drywood Termites	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
11C. Formosan Termites	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
11D. Carpenter Ants	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
11E. Other Wood Destroying Insects	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

Specify:

11f. explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified:

11G. Visible evidence of:

has been observed in the following areas:

If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed in the first blank and all identified infested areas of the property inspected must be noted in the second blank. (Refer to Part D, E & F, Scope of Inspection)

12A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as identified in Section 11. (Refer to Part G, H, and I, Scope of Inspection)

Yes No

12B. A preventive treatment and/or correction of conducive conditions as identified in 10A & 10B is recommended as follows:

Yes No

Specify reason:

Refer to Scope of Inspection Part J

Diagram of Structure(s) Inspected

The inspector must draw a diagram including approximate perimeter measurements and indicate active or previous infestation and type of insect by using the following codes: E-Evidence of Infestation, A-Active; P-Previous; D-Drywood Termites; S-Subterranean Termites; F-Formosan Termites; C-Conducive Conditions; B-Wood Boring Beetles; HCarpenter Ants Other(s) , Specify

Diagram Here



Additional Comments

test

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Statement of Purchaser

I have received the original or a legible copy of this form. I have read and understand any recommendations made. I have also read and understand the "Scope of Inspection." I understand that my inspector may provide additional information as an addendum to this report.

If additional information is attached, list number of pages:

Signature of Purchaser of Property or their Designee

Date

Customer or Designee Not Present

Buyers Initials