INDIANA

TERMITE CONTROL CUSTOMER DISCLOSURE FORM

Pest Control Company: _____________________________ Address of Application: ______________________

Address: _____________________________ City/State: ______________________

City/State: _____________________________ County of Application: ______________________

Telephone: _____________________________

I. PURPOSE:
This form is being issued for the purpose of disclosing in writing to the termite control customer or his/her agent all termiticide label directed procedures that will not be performed as part of the termiticide application to the property listed in SECTION IV (5).

II. THIS FORM IS NOT REQUIRED IF:
1. This is an initial treatment to this property by this company, and all label-directed procedures will be performed; OR
2. This is a re-treatment to this property which was previously treated by this company.

III. ISSUING THE FORM:
This form is to be issued by a licensed termite control company to the customer or the customer's agent before the termiticide application is made. The customer or his/her agent must sign and date the form for it to be valid.

IV. CUSTOMER DISCLOSURE:
1. I understand that the below-listed termite control treatment procedures will not be performed as part of my termite control service.
2. I also understand that the below-listed procedures are omissions from the intended use directions for the termiticide product to be used on my property and that the omissions may result in an ineffective treatment.
3. I further understand that neither the U.S. Environmental Protection Agency nor the Indiana pesticide regulatory agency have approved the omissions.
4. I have been provided with a copy of the termite control treatment diagram on which the areas of omitted treatment procedures have been identified and a copy of the label of the termiticide to be applied to the structure.
5. List of omissions:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

6. Customer/Agent Signature:__________________________ Date: __________

7. Applicator Signature:__________________________ Date: __________

The termite control company must keep a signed copy of this form for five (5) years.
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