Pest control company name:		City:	State:						
THE APPLICABLE INFORMATION REQUES	ORK SHEET FOR CALO STED ON THIS FORM IS REQUIF	RED BY REGULATIONS TO BE							
Date of application:	Date form completed:	Тур	oe of structure: Residential	Commercial					
Type of treatment: □ Pretreat (Except outs: □ Post construction (conventional treatmen □ Retreat (Current contract with consumer	t) Dost construction (Exteri			y)					
Property owner's name:		Street address/Lot number:							
City:									
Brand name and formulation of termiticide									
EPA registration number of termiticide app									
Type of construction:									
□ Floating slab □ Supported slab □ Moi	nolithic slab Crawl Bas	sement Combination	Other						
Type of foundation:									
□ Concrete □ Hollow block □ Single br	ick □ Double brick □ Hollo	ow block w/brick veneer	Piers only						
Exterior walls:			•						
□ Brick or stone □ Wood □ Shingle □	Stucco Hollow block	Pressed board siding Vir	ıyl siding □ Cement siding □	Steel					
Type of fill:		Č							
□ Sand □ Soil □ Gravel/crushed stone	□ Other								
1. Square feet of horizontal barrier to treat			 Gravel*) = gall	ons					
Pretreatment footings									
2a. Linear feet inside foundation wall									
2b. Linear feet inside foundation wall									
2c. Linear feet inside foundation wall									
2d. Linear feet inside foundation wall									
Linear feet inside of masonry voids			-8 mbm @	8					
4a Linear feet outside foundation wall			ng depth @ 1 foot) =	gallons					
4b Linear feet outside foundation wall									
4c Linear feet outside foundation wall									
4d Linear feet outside foundation wall									
5. Linear feet of expansion joints			<u></u>						
6. Linear feet of critical areas									
7. Number of piers Size			x 0.4 =	gallons					
	, or press		x 0.2 =						
Pretreat		B. Emedi feet more voids	Existing	gunons					
	Gallo	I .	Ş	Gallor					
Gallons for horizontal ba	arrier =		ear feet @ 4 gallons/10 linear feet + $4a + 4b + 4c + 4d + 5 + 6 + 7\Delta$						
Gallons for vertical barrier/crit $2a + 2b + 2c + 2d + 3 + 4a + 4b + 4c + 4c$	tical areas		2a + 2b + 2c + 2d + 4a + 4b + 4c + 4d + 5 + 6 + 7A = Gallons for linear feet @ 2 gallons/10 linear feet $3 + 7B =$						
Total gallons of dilute termitici 1 + 2a + 2b + 2c + 2d + 3 + 4a + 4b + 4c + 4c + 4c + 4c + 4b + 4c + 4c	de applied		as of dilute termiticide applied $+4a + 4b + 4c + 4d + 5 + 6 + 7A$						

Beginning time of application at pretreat	site a.m.	□ p.m.	Ending time o	f application at p	retreat site	a.m.	□ p.m.
VIN of vehicle used to transport application	on equipment to site: _						
Application volume (gallons) per minute:	-	Applic	ation tank size:	:			
Application nozzle type:				_ Application no	zzle size:		
Application p. s. i.							
Total volume of diluted termiticide applie	ed to pretreat site with a	application	n equipment on	vehicle identifie	d above:		
NOTE: IF APPLICATION EQUIPMENT	T NOT DENOTED ABO	OVE IS US	SED OR APPLI	CATION EQUIP	MENT ON ADDIT	TIONAL VEH	HICLES IS
USED TO PERFORM APPLICATIONS A	AT A PRETREAT SITE,	THE REQ	QUIRED INFO	RMATION (I.E.	VIN OF VEHICLE	, APPLICAT	TON
VOLUME/MINUTE, APPLICATION TAI	NK SIZE, APPLICATIO	N NOZZI	LE TYPE, APPI	LICATION NOZZ	LE SIZE, APPLIC	CATION PSI	AND
TOTAL VOLUME OF DILUTED TERMI	TICIDE APPLIED) M	UST BE P	ROVIDED FOR	R ALL EQUIPMI	ENT USED. BEG	INNING AN	D ENDING
TIME OF APPLICATION (IF DIFFERE	NT FROM ABOVE) MU	UST BE R	ECORDED. IN	CLUDE THIS II	NFORMATION ON	V YOUR OW	N FORM,
OR RECORD IN REMARKS SECTION.							
Remarks:							
Status of termiticide application at this sit	te:						
□ Not completed □ Completed (Except		rimeter) [¬ Completed (S	lite and/or structu	ire treated accordi	ng to label of	f product
being used and Mississippi Regulations)	outside foundation per	inneter)	_ completed (E	nte una or structe	ne treated accordin	ig to label of	product
being used and wississippi Regulations)							
Calculations for the above referenced site	were performed by:						
Curdulations for the above referenced site	were performed by:	Signature	(required)				
Application of termiticide performed by:							
rippireation of terminolae performed by.	Applicator signature (required)					
	Other applicator signar	ture (if app	plicable)				
	Other applicator signat	ture (if app	plicable)				

This form is provided as a courtesy by the Bureau of Plant Industry and may be useful in maintaining the required information. You are not required by Regulations to use the form; however, the applicable information requested for each termiticide application must be recorded, maintained in your company files and made available for examination by employees of the Bureau of Plant Industry during reasonable business hours.