



PROTECTION AGAINST TERMITES FORM

Permit Number: _____

Address: _____

Builder: _____

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

Name of Protection Provider (Company): _____

Address: _____

Phone: _____

Name of TSCPБ Certified Applicator: _____

TSCPБ Certified Applicator's Signature: _____

State License No.: _____

STATE OF TEXAS
COUNTY OF COLLIN

I, _____, being duly sworn doth depose and say that the information contained in the above application is true and correct to the best of my knowledge and belief.

And further this deponent says not.

Signature

Date

Subscribed and sworn to before me this _____ day of _____ 20____, A.D.

Notary Public in and for the State of Texas