

STATE OF LOUISIANA
 Department of Agriculture & Forestry – Structural Pest Control Commission
Waiver of Requirements of Minimum Specifications for Termite Control Work

PROPERTY OWNER:		PEST CONTROL COMPANY:			
ADDRESS/CITY/STATE:		PEST CONTROL COMPANY ADDRESS:			
PHONE:		PEST CONTROL COMPANY PHONE:			
LOCATION OF PROPERTY, IF DIFFERENT FROM ABOVE:		DATE OF CONTRACT:			
TREATMENT TYPE	INITIAL: <input type="checkbox"/>	RETREAT: <input type="checkbox"/>	CONSTRUCTION TYPE	SLAB: <input type="checkbox"/>	PIER: <input type="checkbox"/>

LAC 7XXV 141(H) - Waiver of Requirements of Minimum Specifications for Termite Control Work: A pest control operator may request from the owner/agent of the structure(s) to be treated, a waiver of the requirements set out in these regulations whenever it is impossible or impractical to treat one or more areas of the structure in accordance with these minimum specifications for initial treatment/retreat. The waiver shall be signed by the owner/agent of the structure(s) to be treated prior to or during treatment. A signed copy of the waiver shall be given to the owner/agent and shall be sent to the department with the company's monthly eradication report. The waiver shall include, but not be limited to, the following information: a. graph identifying the structure and the specific area(s) where treatment is waived; b. a description of each area where treatment is waived; and c. for each area, the reason treatment is being waived.

PART A: The items checked below apply to the structure listed above and **will not be performed** in treating the property to minimum standards. Any item checked below must be explained on the right adjacent to the item checked on the left with location noted on the graph in Part B on the back page or on a separate document as noted.

Minimum Specifications: Provide explanations & locations of item(s) waived. Check box to the right if waiver is per the customer's request. Customer must initial next to the box.

<input type="checkbox"/> A. Access openings _____ _____ <input type="checkbox"/> B. Required clean-up _____ _____ <input type="checkbox"/> C. Elimination of direct contact of wood with ground _____ _____ <input type="checkbox"/> D. Pipes _____ _____ <input type="checkbox"/> E. Skirting and Lattice-Work _____ _____ <input type="checkbox"/> F. Stucco _____ _____ <input type="checkbox"/> G. Masonry _____ _____ <input type="checkbox"/> H. Ground treatment _____ _____ <input type="checkbox"/> I. Dirt filled porches _____ _____ <input type="checkbox"/> J. Bath Traps _____ _____ <input type="checkbox"/> K. Other openings in slab _____ _____ <input type="checkbox"/> L. Other – (please list) _____ _____ _____	Customer Initial <input type="checkbox"/> _____ <input type="checkbox"/> _____
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PART B: A graph indicating the area(s) noted on this page that have not been treated to minimum standards is required. Please indicate where the graph is drawn and provide a copy to property owner.

Document where graph is drawn: _____

Comments:

Property owner/agent: Do not sign this form if you do not understand the items being waived or if you have any questions regarding the quality or extend of treatment being performed.

LICENSEE/TECHNICIAN:	LICENSEE/TECHNICIAN #:	SIGNATURE OF LICENSEE/TECHNICIAN:
SIGNATURE OF OWNER/AGENT:		DATE: