Office of

INDIANA STATE CHEMIST AND SEED COMMISSIONER

Protecting Indiana's Agriculture and Environment - Feed, Fertilizer, Hemp, Pesticide and Seed

Mark LeBlanc, Ph.D.
State Chemist &
Seed Commissioner

Purdue University • 175 South University Street
West Lafayette, IN 47907-2063
Telephone (765) 494-1492 • Facsimile (765) 494-4331
www.oisc.purdue.edu

TERMITE CONTROL CUSTOMER DISCLOSURE

I. PURPOSE

This form is issued to disclose, in writing, to the termite control customer or the customer's authorized agent, any termiticide label-directed procedures that will **not** be performed as part of the initial termiticide application at the property listed in Section IV(6).

II. WHEN THIS FORM IS REQUIRED

This form is required only when label-directed treatment procedures will be omitted during an initial termite treatment.

This form is not required for:

1. Initial treatments in which all label-directed procedures are performed; or
2. Retreatments of properties previously treated by this company.

III. ISSUING THE FORM

This form must be issued by a licensed termite control company to the customer or the customer's authorized agent.

Company/Name: _____

Address: _____

Phone: _____

IV. CUSTOMER DISCLOSURE

1. I understand that the termite control treatment procedures listed below will not be performed as part of my termite control service.

2. I understand that the procedures listed below are omissions from the intended-use directions of the termiticide product being applied to my property, and that these 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 has approved these omissions.

4. I acknowledge that I have been provided:
   - A copy of the termite control treatment omissions; and
   - A copy of the label for the termiticide to be applied to the structure.
5. **List of Omissions:**

6. **Property Address:**

Street Address: _____

City: _____ ZIP Code: _____

7**. Customer/Agent Signature:**

Signature: _____Date: _____

For this form to be valid, the customer or authorized agent must sign and date it.