



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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