

ARIZONA POST-CONSTRUCTION TERMITE TREATMENT PROPOSAL



Bulwark Exterminating, LLC

1228 E. Broadway Rd.
Mesa, AZ 85204
(480) 969-7474
(See Service Agreement)
License #5632

Licensed and regulated under Arizona Department
of Agriculture Office of Pest Management

Refer to the diagrammatic description for nature and location of infestation or damage, or both.
Refer to the diagrammatic description where treatment or repair will be rendered.

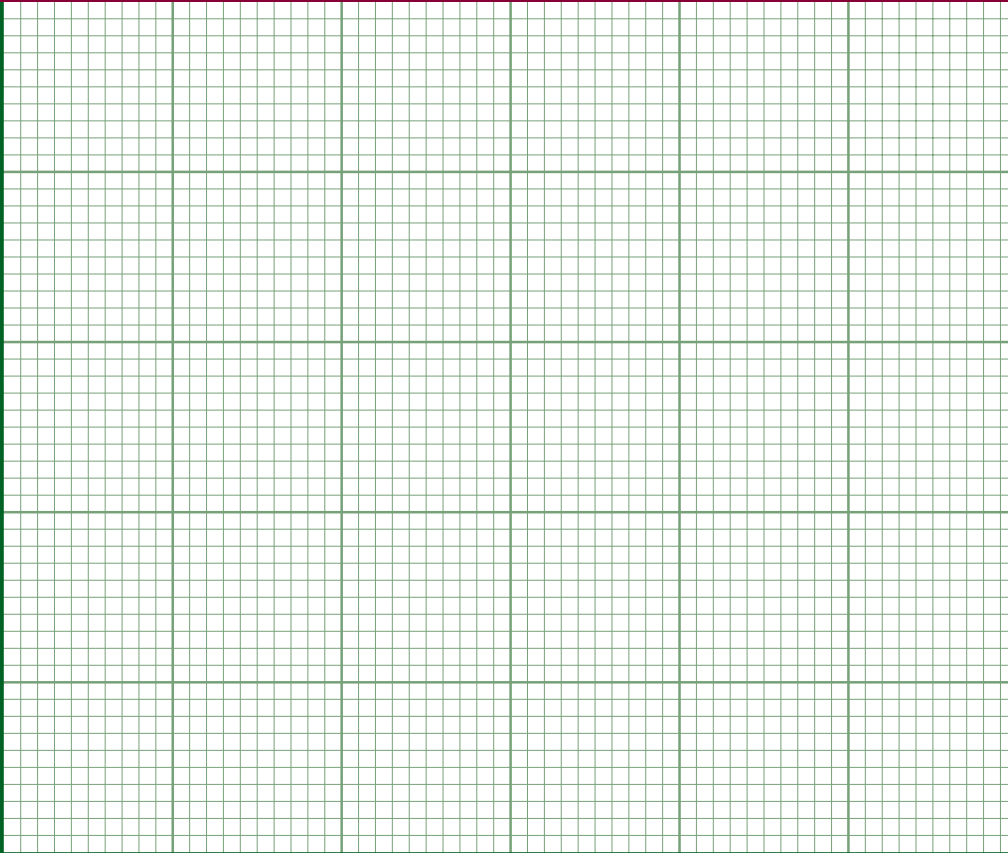
CUSTOMER INFORMATION

Name: _____ Phone #1: _____ Phone #2: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip Code: _____

For all termite treatments there will be a diagram showing exactly what will be treated. Treatment specifications and warranties for those treatments may vary widely. Review for pesticides label provided to you for minimum treatment specifications. If you have any questions contact Bulwark Exterminating.

DIAGRAM OF STRUCTURE(S) AND PROPOSED AREA(S) TO BE TREATED



KEY TO DIAGRAM SYMBOLS

Conductive Condition for Termites C
Evidence of Infestation E
Evidence of Active Infestation A
Evidence of Previous Infestation P
Evidence of Subterranean Termites S
Evidence of Drywood Termites D
Evidence of Formosan Termites F
Evidence of Wood Boring Beetles W
Areas to be Drilled X
Areas to be Trenched O
Areas to be Rodded R
Areas to be Baited B

The information below includes Bulwark treatment recommendations to aid you in making an informed decision. Refer to the Service Agreement and graph for more information and warranty details.

Subterranean Termite:

Description of the evidence of infestation or damage:

- ☐ Live Termites
☐ Mud Tubes
☐ Damage

Description of treatment or repair method:

- ☐ Preventative
☐ Corrective

- ☐ Soil Treatment

Pesticide, agent, or device: _____

- ☐ Monitor/Baiting

Pesticide, agent or device:
Trelona™ ATBS Annual Bait Stations

- ☐ Alternative Method

Local treatment of infested area only.
Remove and replace infested timbers.

TYPE OF CONSTRUCTION:

Foundation:

- ☐ Slab
☐ Pier and Beam
Pier Type: _____

- ☐ Basement

- ☐ Other: _____

Siding:

- ☐ Wood
☐ Brick
☐ Stone
☐ Stucco
☐ Other: _____

Roof:

- ☐ Composition
☐ Wood Shingle
☐ Metal
☐ Tile
☐ Other: _____

Primary Use:

- ☐ Residence
☐ Public Building
☐ Commercial
☐ Industrial
☐ Other: _____

Inaccessible / Obstructed Areas:

- ☐ _____ ☐ _____
☐ _____ ☐ _____

PROPOSED TREATMENT SPECIFICATIONS:

Type of treatment proposed: (see definitions below)

- ☐ Partial ☐ Spot ☐ Baiting ☐ Other (specify) _____

Approximate measurements of structure(s) to be treated: _____. A label of Termidor/Trelona™ ATBS Termiticides(s) or other treatment products is attached. The concentration of the termite(s) to be applied is 0.06/1.25%. Estimated volume of termicide to be applied: _____ gallon(s) and/or estimated number of bait stations to be applied: _____.

WARRANTY & ATTACHMENTS:

Warranty information (if any) included area covered, time period of warranty, renewal options and cost, the obligations of the contracting party, and conditions that could develop which would void the warranty are attached in the TRELONA™ ATBS BAITING PROTECTION PLAN SUBTERRANEAN TERMITE RETREATMENT AGREEMENT. If the warranty does not include the entire structure treated, the areas included in the warranty are: (specify): _____

Print Name of Inspector/CA/Technician

Signature of Inspector/CA/Technician

License # Inspector/CA/Technician

Date

Initial Termite Treatment: \$ _____ Warranty Renewal Charge: \$ _____

Customer Signature

(Verifies receiving copy of this report, not acceptance of an agreement).

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