**Certification - Termite Protection**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attention: Local Approvals** | | | | | |
| **Property details** | | | | | |
| Lot: | Sec: | | | | DP: |
| Street address: | | | Locality: | | |
| Owner/s: | | | | | |
|  | | | | | |
| DA / CDC: No. | | | | Dated: | |
| This is to certify that the       (Building/Part) has been protected against subterranean Termites under AS3660.1- 2014 by way of:  Physical Barrier, Visual Inspection with:  Ant Caps;  Stirrups;  Exposed Concrete Edge;  Other Termite Barrier (Specify:      , eg Termimesh)  Chemical Barrier, (please **attach** Treatment Certificate). | | | | | |
| Installer’s name: | | | | | |
| Address: | | | | | |
| Email address: | | | | | |
| Telephone: | | Licence No. | | | |
| Signature | | Date | | | |