**Certification - Termite Protection**

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| **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       |