

OFFICIAL GEORGIA WOOD INFESTATION INSPECTION REPORT

Company Name _____ License No. _____
 Address _____
 Telephone No. _____ Date of Issuance _____
 Seller _____ Inspector _____
 File No. _____ Purchaser(s) _____

SCOPE OF INSPECTION

An inspection of the below listed structures(s) was performed by a qualified inspector employed by this firm to determine the presence or previous presence of an infestation of the listed organisms and is not intended to be a structural report. Neither is this a warranty as to absence of wood destroying organisms. **This report is subject to all conditions enumerated on the reverse side and is issued without warranty or guarantee except as provided in Rule 620-6-.03 of the Rules of the Georgia Structural Pest Control Act or subject to any treatment guarantee specified below.**

Main Structure _____
 Other Structure(s) _____
 Address of Structure(s) _____

FINDINGS

Inspection Reveals Visible Evidence of:	Active Infestation		Previous Infestation	
	YES	NO	YES	NO
Subterranean Termites	_____	_____	_____	_____
Powder Post Beetles	_____	_____	_____	_____
Wood Boring Beetle	_____	_____	_____	_____
Dry Wood Termites	_____	_____	_____	_____
Wood Decaying Fungus (Not Molds and Mildews)	_____	_____	_____	_____

Were any areas of the structure obstructed or inaccessible? YES NO
 If yes, list these areas (see Item 3 on reverse side of form) _____

The following conditions conducive to infestation for wood destroying organisms were found at the time of inspection. The location of these conditions conducive to infestation are indicated on the attached diagram:

Remarks/Additional Findings:

NOTE: If visible evidence of active or previous infestation is reported it should be assumed that some degree of damage is present and a diagram identifying the structure(s) inspected and showing the location of such evidence must be attached to this form. Evaluation of damage and any corrective action should be performed by a qualified inspector in the building trade approved by the purchaser and lending agency.

TREATMENT

The above described structure(s) was treated by this company as follows:

Organism	Treatment Date	Contract Expiration	Type Treatment (Chemical Barrier, Bait, Wood Treatment)
Subterranean Termites	_____	_____	_____
Powder Post Beetles	_____	_____	_____
Wood Boring Beetles	_____	_____	_____
Dry Wood Termites	_____	_____	_____
Wood Decaying Fungus	_____	_____	_____

The present treatment warranty(ies) is:

- Transferable to any subsequent owner of the property upon payment of a fee on or before expiration date.
- Not transferable to any subsequent owner of the property.
- The above structure(s) are not covered by a treatment contract with this company.

This structure has a current Official Waiver Form issued by this Company YES NO
 If Yes, a copy must be attached as part of this report.

CERTIFICATION

This is to certify that neither I, nor the company has had or contemplates having any interest in the property involved, nor is acting in any association with any party to the transaction.

Signature of Designated Certified Operator _____ Signature of Purchaser or Legal Representative Acknowledging Receipt of Report _____

Copies to: _____ Purchaser _____ Mortgagee _____ Realtor _____ Seller