Texas Department of Insurance
Property and Casualty Section – Personal and Commercial Lines Office
Mail Code 104-PC, 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
512-305-6711 telephone • 512-490-1014 fax • www.tdi.texas.gov

CERTIFICATE OF MOLD DAMAGE REMEDIATION

Certificate Number _____   **Date of Issuance** _____

Name _____

Mailing Address _____

City _____   State _____   Zip _____

Property Description:

Number _____   Street _____   Lot _____   Block _____

Addition or Tract _____   City _____   County _____

SIGN APPROPRIATE CERTIFICATION

Mold Assessment Consultant License Holder Certification

- I hereby certify that based on visual, procedural and analytical evaluation, the mold contamination identified for this project has been remediated as outlined in the mold management plan or remediation protocol.

- I further certify with reasonable certainty that the underlying cause or causes of the mold that were identified for this project in the mold management plan or remediation protocol have been remediated. A copy of the written evaluation that forms the basis for my certification has been provided to the person named in this certificate.

Mold Assessment Consultant License Holder Signature	Department of State Health Services License No. and Expiration Date	Date

OR

Mold Remediation Contractor License Holder Certification

- I hereby certify that I completed mold remediation on this project and will provide the mold remediation certificate to the property owner no later than the 10th day after the date of completion.

Mold Remediation Contractor License Holder Signature	Department of State Health Services License No. and Expiration Date	Date of Completion

OR

Mold Assessment Consultant or Adjustor License Holder Certification

- I hereby certify that I have inspected the property described in this certificate and that based on my inspection I have determined that the property does not contain evidence of mold damage. A copy of the written evaluation that forms the basis for my certification has been provided to the person named in this certificate.

Mold Assessment Consultant/Adjustor License Holder Signature	Department of State Health Services License No. and Expiration Date	Date