

**Your Company Name**

Business License #

Address

**Record of Termiticide Use in South Carolina**

**Department of Pesticide regulation  
511 Westinghouse Road  
Pendleton, SC 29670  
telephone: 864-646-2150 fax: 864-646-2179**

PLEASE PRINT

\_\_\_\_\_  
DCA Name \_\_\_\_\_  
Lic. #

\_\_\_\_\_  
Supervising Commercial Applicator Name \_\_\_\_\_  
Lic. #

\_\_\_\_\_  
Structure Treated by

\_\_\_\_\_  
Property Owner Name

\_\_\_\_\_  
Property Owner Mailing Address

\_\_\_\_\_  
City County State Zip

\_\_\_\_\_  
Treatment Site Name

\_\_\_\_\_  
Treatment Address City County State Zip

Type Foundation:  crawl  slab  other ( \_\_\_\_\_ )

Type Treatment:  pretreat  existing Waiver Signed:  yes  no

Date(s) of Treatment(s): \_\_\_\_\_

Square Footage of Structure \_\_\_\_\_ Sq. ft.

Total Outside Linear Footage of Foundation Walls \_\_\_\_\_ Sq. ft.

Brand Name of Termiticide Used \_\_\_\_\_

Total Number of Gallons Termiticide Concentrate Used  1st gal.  2nd gal.  3rd gal.

Total Number of Diluted Gallons Used  1st gal.  2nd gal.  3rd gal.

Percentage Dilution Rate (e.g. 1%, .5%, etc.)  1st %  2nd %  3rd %

Application Technique Used on Outside Foundation Wall (check one):

Rod  Trench  Trench and Rod

**NOTE: Retain a copy of this record for two years after treatment at the Business License location as required by 27-1088C of the Rules and Regulations for the Enforcement of the South Carolina Pesticide Control Act. This information must be available upon request by a Department of Pesticide Regulation Inspector.**