

## Certification - Termite Protection

<b>Property Details</b>		
Lot:	Sec:	DP:
Street Address:		
Owner/s:		

DA / CDC No:	Dated:
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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: \_\_\_\_\_).
- Chemical Barrier (please **attach** Treatment Certificate).
- Treatment advice provided:
  - In meter box;
  - Other location (Specify: \_\_\_\_\_).

Installer's Name:	
Address:	
Email Address:	
Telephone:	NSW Licence No.
Signature	Date