

**OFFICIAL STATE OF ALABAMA
WAIVER FORM
FOR WAIVER OF MINIMUM REQUIREMENTS FOR SUBTERRANEAN
TERMITE CONTROL (Part "A")**

(Note: Form Consists of Part "A" and Part "B" both pages must be completed)

Rule 80 - 10 - 9 - .16, Subparagraph (4)

Whenever it is impossible or impractical to treat one or more areas of the structure in accordance with the minimum requirements for the control of subterranean termites as set forth in Rule 80 - 10 - 9 - .20, the Official State of Alabama Waiver Form shall be used. Notation of any deviation from these requirements for subterranean termite treatment as set forth in Rule 80 - 10 - 9 .20, shall be explained in the Waiver Form and must be signed by the owner/agent of the structure(s) to be treated prior to treatment. A signed copy of the Waiver Form shall be given to the owner/agent of the structure and shall become a part of the subterranean termite contract. Any subsequent owner/agent of the structure shall be provided a copy of the said Waiver Form for the transfer of any subterranean termite guarantee or contract. Structures where a baiting system has been applied in lieu of a comprehensive post construction soil treatment will be required to meet minimum requirements for control of subterranean termites as set forth in Rule 80-10-9-.20, except for subparagraphs (6), (7), and (8). Structures where a defined post construction soil treatment has been applied in lieu of a comprehensive post construction soil treatment will be required to meet minimum requirements for control of subterranean termites as set forth in Rule 80-10-9-.20, with exception(s) for subparagraphs (6) and (8).

NOTICE TO PROPERTY OWNERS: DO NOT SIGN THIS DOCUMENT UNTIL YOU HAVE READ AND SIGNED "CONDITIONS GOVERNING THE USE OF THE WAIVER FORM" ON PART "B" OF THIS DOCUMENT. THESE "CONDITIONS" MUST BE CONSIDERED PART OF THIS DOCUMENT. YOU MUST RECEIVE A COPY OF THIS REPORT AND SUPPORTING GRAPH. *PLEASE ONLY PLACE YOUR INITIALS NEXT TO THE TREATMENT REQUIREMENTS THAT ARE CHECKED "NO".

PERMITTEE TREATING PROPERTY: _____ PERMIT #: _____

PERMITTEE'S ADDRESS: _____ () _____
(Street) (City) (zip) (Phone)

PROPERTY OWNER: _____

PROPERTY ADDRESS: _____ () _____
(Street) (City) (zip) (Phone)

Requirements for Soil Barrier termite treatments in addition to treatment specifications of label and labeling: NOTE: TREATMENT MUST BE CONSISTENT WITH PRODUCT LABEL AND LABELING.

(Check One) **COMPREHENSIVE POST CONSTRUCTION** **DEFINED POST CONSTRUCTION** *Property owner Initial

Date Job Completed? _____

| | Yes | No | N/A | <small>*Property owner Initial</small> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|----------------------------------------|
| (1) <u>Access Openings.</u> Suitable access provided and/or available to all areas requiring inspection and treatment..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (2) <u>Sanitation.</u> All cellulose debris removed from crawl space and next to the structure(s)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (3) <u>Clearance.</u> Minimum clearance between wood and soil in crawl space will be 8" for girders & 12" for joist..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (4) <u>Wood-to-Ground Contacts.</u> All wood-to-ground contacts underneath and outside of structure broken and wood insulated from soil with at least (4) inches of concrete or other material impervious to termites..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (5) <u>Termite Tunnels.</u> All termite tunnels scraped from all structural elements below sill line. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (6) <u>Treatment of Voids.</u> All cracks and voids adequately drilled and treated..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (7) <u>Treatment of Dirt-filled Areas.</u> All dirt-filled structures such as porches, carports, driveways, terraces and other similar structures attached to the building were either drilled, rodded, or voided and treated..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Requirements for Non Soil Pesticides, Device, Bait or Baiting System - NOTE: TREATMENT MUST BE CONSISTENT WITH PRODUCT LABEL AND LABELING.

Type Treatment Provided: _____

Date Job Completed? _____

| | Yes | No | N/A | <small>*Property owner Initial</small> |
|-------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|----------------------------------------|
| (1) Access opening adequate..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (2) All debris removed..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (3) Adequate clearance present or provided..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (4) Wooden contacts removed..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (5) Termite tunnels removed (except at locations where an above ground bait device is installed)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Explain *in detail* what areas of the structure do not meet treatment standards and why it is not possible to meet these treatment standards. Simple statements such as "Owner did not want work performed" are not considered valid explanations. Also, complete the graph on Part "B" of this form indicating the area(s) that were not treated to minimum standards. Failure to complete Parts "A & B" of this Waiver form and provide a *detailed* written explanation will void this document.

Signature of Property Owner(s) _____ Date _____

Signature of Permittee or Agent. _____ Date _____

Signature of New Property Owner(s) if issued during a real estate transaction _____ Date _____

