

Florida Pest Control

536 SE Baya Dr. Lake City, FL 32025

800-488-9495

STANLEY CRAWFORD CNST 7229 PLEASANT POINT RD KEYSTONE HEIGHTS, FL

Termite Treatment Certification

Partial

• Final

Lot: Subdivision: Street Address: 672 NE INDIGO DR City: County: COLUMBIA General Contractor: STANLEY CRAWFORD CNST Date: 11/16/24 Name of Applicator: ROBERT OLSON Area Treated: 15000 Applicator ID Number: Applicator ID Number: Applicator ID Number: Applicator ID Number: Applicator ID Number:	Owner:	Permit Number:	
Subdivision: Street Address: 672 NE INDIGO DR City: County: COLUMBIA Area Treated: STANLEY CRAWFORD CNST Date: 11/16/24 Name of Applicator: Time: Applicator ID Number:	S		
City: County: COLUMBIA General Contractor: Area Treated: STANLEY CRAWFORD CNST EXTERIOR PERIMETER Date: Time: 11/16/24 10:30 Name of Applicator: Applicator ID Number: ROBERT OLSON JE282681	Lot:	Block:	
City: County: COLUMBIA General Contractor: Area Treated: STANLEY CRAWFORD CNST EXTERIOR PERIMETER Date: Time: 11/16/24 10:30 Name of Applicator: Applicator ID Number: ROBERT OLSON JE282681			
City: County: COLUMBIA General Contractor: STANLEY CRAWFORD CNST Date: 11/16/24 Name of Applicator: ROBERT OLSON COLUMBIA Area Treated: EXTERIOR PERIMETER Time: 10:30 Applicator ID Number: JE282681	Subdivision:	Street Address:	
LAKE CITY General Contractor: STANLEY CRAWFORD CNST Date: 11/16/24 Name of Applicator: ROBERT OLSON Area Treated: EXTERIOR PERIMETER Time: 10:30 Applicator ID Number: JE282681		672 NE INDIGO DR	
General Contractor: STANLEY CRAWFORD CNST Date: 11/16/24 Name of Applicator: ROBERT OLSON Area Treated: EXTERIOR PERIMETER Time: 10:30 Applicator ID Number: JE282681	City:	County:	
STANLEY CRAWFORD CNST Date: Time: 11/16/24 Name of Applicator: ROBERT OLSON EXTERIOR PERIMETER Time: 10:30 Applicator ID Number: JE282681			
Date: Time: 11/16/24 10:30 Name of Applicator: Applicator ID Number: ROBERT OLSON JE282681	General Contractor:	Area Treated:	
11/16/24 10:30 Name of Applicator: Applicator ID Number: ROBERT OLSON JE282681	STANLEY CRAWFORD CNST	EXTERIOR PERIMETER	
Name of Applicator: ROBERT OLSON Applicator ID Number: JE282681	Date:	Time:	
ROBERT OLSON JE282681	11/16/24	10:30	
	Name of Applicator:	Applicator ID Number:	
Product Used / Active Ingredient / % Concentration Number of gallons used:	ROBERT OLSON	JE282681	
	Product Used / Active Ingredient / % Concentration	Number of gallons used:	
Premise / Imidacloprid / 0.1% 47	Premise / Imidacloprid / 0.1%	47	
Method of termite prevention treatment:	Method of termite prevention treatment:		
Soil Treatment	Soil Treatment		

The building has received a complete treatment for the prevention of subterranean termites. Treatment is in accordance with rules and laws established by the Florida Department of Agriculture and Consumer Services.

This form is proof of complete treatment for Certificate of Occupancy or Closing.

THIS IS PROOF OF WARRANTY

Warranty and Treatment Certifications Have Been Issued.

Authorized Signature:	© .	Date:
Traditionized organicate.	1460004	4 4 4 4 0 4 0 4
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