PLEASE SIGN & RETURN
FORMS NEED TO BE RETURNED BEFORE PERFORMING WORK
MAIL, FAX, OR E-MAIL THEM TODAY

OCCUPANTS FUMIGATION NOTICE AND PESTICIDE DISCLOSURE

JOB ADDRESS_____ CITY_____
[ ] Single Family Dwelling [ ] Multi Family Dwelling [ ] Other _____

Owner/Agent _____

Tel. No. ( ) _____ **Emergency No.** ( ) _____

Occupant_____

Tel. No. ( )_____ **Emergency No.** ( )_____

Prime Contractor A-1 BONDED TERMITE, INC. Emergency No. (562) 866-5010
Fumigation Contractor A-1 Fumigation Emergency No. (562) 866-7535
Target Pest(s): [**X**] Drywood Termites [ ] Beetles [ ] Other(s)
Fumigants proposed to be used: [ ] Methyl Bromide [**X**] Sulfuryl Fluoride: _____VIKANE _____
(Product Name)

[ ]Other(s)_____

Are you aware of any conduits, pipes, common drains, air ducts, central vacuum systems or any other construction elements that would allow the passage of a fumigant from the structure to be fumigated to any other adjacent or adjoining structure?
YES( ) NO( )_____

_____

CHLOROPICRIN WILL BE USED AS WARNING AGENT WITH EITHER FUMIGANT

Dates of fumigation:_____ Date changes/Alternative date: _____
Initials_____

IMPORTANT – READ CAREFULLY

THIS BUILDING WILL BE FUMIGATED WITH LETHAL GASES ON THE DATE(S) INDICATED ABOVE. ALL PERSONS AND ANIMALS MUST VACATE THE PREMISES ON OR BEFORE ARRIVAL OF THE FUMIGATION CREW.

UNDER NO CIRCUMSTANCES CAN ANYONE ENTER THE BUILDING UNTIL THE FUMIGATION COMPANY'S NOTICE IS POSTED GIVING THE TIME AND DATE FOR SAFE RE-ENTRY.

"State law requires that you be given the following information: CAUTION-PESTICIDES ARE TOXIC CHEMICALS. Structural pest control companies are registered and regulated by the Structural Pest Control Board, and apply pesticides which are registered and approved for use by the California Department of Pesticide Regulation and the United States Environmental Protection Agency. Registration is granted when the State finds that based on existing scientific evidence there are no appreciable risks if proper use conditions are followed or that the risks are outweighed by the benefits. The degree of risk depends upon the degree of exposure, so exposure should be minimized."

If within 24 hours you experience symptoms of dizziness, headache, nausea, reduced awareness, slowed movement, garbled speech or difficulty in breathing, leave the structure immediately and seek medical attention by contacting your physician or Poison Control Center (800-876-4766) and notify your pest control company. The warning agent, chloropicrin, can cause symptoms of tearing, respiratory distress and vomiting. Entry into the space during fumigation can be fatal.

For further information, contact any of the following: Your pest control company (See Above) ; for Health Questions - the County Health Department (See Below) ; for Application Information – the County Agricultural Commissioner (See Below) and for Regulatory Information - the Structural Pest Control Board, 800/737 - 8188, 2005 Evergreen Street, Ste. 1500, Sacramento, CA 95815.

FOR HEALTH QUESTIONS:

COUNTY HEALTH DEPARTMENT	COUNTY AGRICULTURAL COMMISSIONER	POISON CONTROL CENTER	STRUCTURAL PEST CONTROL BOARD
213-250-8055 ..... LA	626-575-5466 .....LA	800-876-4766 .....LA	
714-834-4722 .... OR	714-955-0100 .....OR	800-876-4766 .....OR	STATE WIDE
951-358-5000 ..... RIV	951-955-3000 .....RV	800-876-4766 .....RV	800-737-8188
800-782-4264 ..... SB	909-387-2105 .....SB	800-876-4766 .....SB	

(This section may be modified to include the information of geographical area served by the license.)

I hereby acknowledge receipt of a copy of this document as well as a list that includes the instructions for the necessary preparations for the fumigation , procedures for leaving the structure , and the following documents.

Gas Company Information – Fumigant Fact Sheet – How To use Nylofume Bags or Know what needs to be bagged

We suggest that you notify nearby neighbors of the date of the fumigation and to keep pets away during the fumigation. Close off any open access to the sub area to prevent pets from entering.

[ ] Owner/Agent (signature)_____ **Date**_____

[ ] Occupant(s) (signature)_____

_____