A Class Pest Terminator
PO BOX 6090
GIRRAWHEEN WA 6064
Ph: (08) 9343 2096 MB: 0421 277 633

AS 3660 Suppl.—1993

No. 001

STANDARDS AUSTRALIA

PROTECTION OF BUILDINGS FROM SUBTERRANEAN TERMITES—PREVENTION, DETECTION AND TREATMENT OF INFESTATION—

CERTIFICATE OF TERMITICIDE APPLICATION

AUSTRALIAN STANDARD AS 3660—1993

This certificate refers to Clauses 3.7 and 5.5 of AS 3660 and that Standard should be read in conjunction with this certificate.

NAME OF OWNER: [illegible]

SITE ADDRESS: 23 LOT 149 MOONLIGHT BAY POSTCODE

TYPE OF TREATMENT PRECONSTRUCTION ☑ EXISTING BUILDING ☐

TERMITICIDE USED BIFENTHRIN	DEVIATION(S) FROM STANDARD APPLICATION
CONCENTRATION OF EMULSION 10% g/L	GIVE REASONS
VOLUME OF EMULSION USED 950 L	
AREA PROTECTED 190 m²	
TOTAL GROUND AREA OF BUILDING m²	PRICE OF APPLICATION (PEST CONTROL FIRM) $

PLAN OF BUILDING SITE SHOWING TREATED AREAS

(Use of Legend codes to indicate plumbing, piers, steps, treated areas)

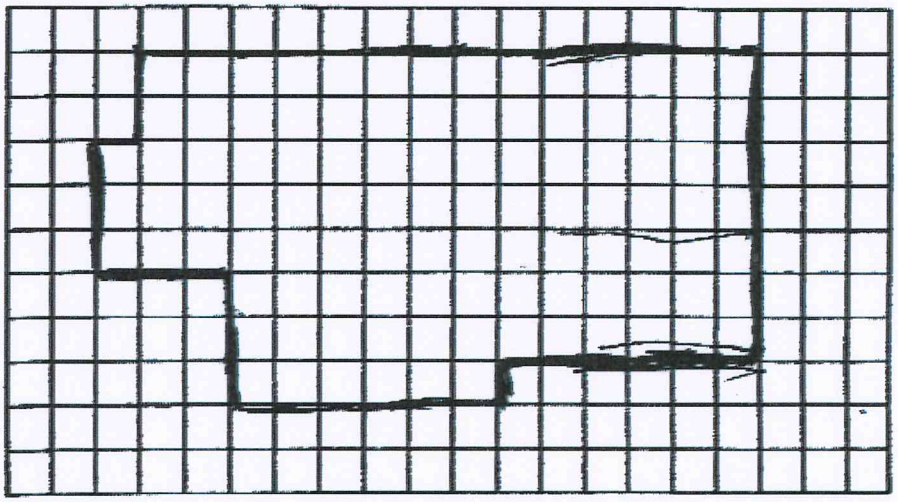
LEGEND:

Plumbing line

Pier

Steps

Treated areas



SITE PREPARATIONS—CERTIFICATION BY BUILDER

I certify that site preparations have been carried out in accordance with the requirements of AS 3660 (see overleaf).

Limitations (please specify)

The builder warrants to provide this certificate to the purchaser as part of the contract of sale.

Builder's name Authorized signatory

TERMITICIDE APPLICATION CERTIFICATION BY PEST CONTROL FIRM

I certify that termiticide application has been carried out in accordance with the requirements of AS 3660.

Limitations (please specify)

PEST CONTROL FIRM—NAME A CLASS P.T. NAME OF APPLICATOR SIMON SPARESKI

Address PO BOX 6090 License No. 4204

GIRRAWHEEN 6064 Authorized signatory

Phone No. 93432096 Date 5/2/07

A certificate of completion referring to this termiticide application is required to confirm that the treatment for prevention of infestation by chemical methods has been completed.

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