ADVANTAGE
Pest Related Services

Pre-Construction Termite Treatment

1-800-698-7998 License #JB4439

Property Information

Treatment Date 5-20-26 Time: _____

Lot 379 Block _____

Lakefront Estate
Subdivision Name

379 sfrond Rd
Street Address (if known)

Okeechobee FL 34974
City State Zip

_____
Owner Name (if known)

Builder / Contractor Information

_____
Name of Builder

CSCI
Shell Contractor

Construction Type

Monolithic / Floating / Stemwall _____

Patio _____ Entry _____ Driveway _____

Product / Treatment Information

Treatment Type (**Must check one**): Initial Under-Slab / Wood Treatment _____ Bait Station Install _____

Supplemental _____ Final _____

Product applied: Bifenthrin _____ Imidacloprid / Bora-Care _____ Novaluron _____

Fipronil _____ Other _____

Concentration: .05 % Mixed Product Applied: 151 Gallons

Square feet treated: 1,515 Linear feet treated: _____ # of Bait Stations Installed: _____

☐ If box is checked, either a final perimeter liquid treatment has been completed or a wood treatment/bait station install has been completed and the following statement is applicable.

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

Isaul Rivas
Applicator's Name (Please Print)

Advantage Pest Related Services will not complete a final termite treatment or issue any final certificate until payment for original treatments and services have been received in full. Advantage is a full-service pest control, termite, and lawn care company. Call 800-698-7998 for more information

ADVANTAGE
Pest Related Services

Pre-Construction Termite Treatment

1-800-698-7998 License #JB4439

Property Information

Treatment Date 5-20-26 Time: _____

Lot 378 Block _____

Lakefront Estates
Subdivision Name

378 Strano Rd
Street Address (if known)

Okeechobee Fl. 34974
City State Zip

_____
Owner Name (if known)

Builder / Contractor Information

_____
Name of Builder

CSCI
Shell Contractor

Construction Type

Monolithic / Floating / Stemwall _____

Patio _____ Entry _____ Driveway _____

Product / Treatment Information

Treatment Type **(Must check one):** Initial Under-Slab / Wood Treatment _____ Bait Station Install _____

Supplemental _____ Final _____

Product applied: Bifenthrin _____ Imidacloprid / Bora-Care _____ Novaluron _____

Fipronil _____ Other _____

Concentration: .05 % Mixed Product Applied: 151 Gallons

Square feet treated: 1,515 Linear feet treated: _____ # of Bait Stations Installed: _____

☐ If box is checked, either a final perimeter liquid treatment has been completed or a wood treatment/bait station install has been completed and the following statement is applicable.

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Pest Related Services

Pre-Construction Termite Treatment

1-800-698-7998 License #JB4439

Property Information

Treatment Date 5-19-26 Time: _____

Lot 380 Block _____

Lakefront Estates
Subdivision Name

380 Strand Rd
Street Address (if known)

Okeechobee FL 34974
City State Zip

_____
Owner Name (if known)

Builder / Contractor Information

_____
Name of Builder

CSC
Shell Contractor

Construction Type

Monolithic 1 Floating / Stemwall _____

Patio _____ Entry _____ Driveway _____

Product / Treatment Information

Treatment Type **(Must check one):** Initial Under-Slab 1 Wood Treatment _____ Bait Station Install _____

Supplemental _____ Final _____

Product applied: Bifenthrin _____ Imidacloprid 1 Bora-Care _____ Novaluron _____

Fipronil _____ Other _____

Concentration: .05 % Mixed Product Applied: 151 Gallons

Square feet treated: 1,515 Linear feet treated: _____ # of Bait Stations Installed: _____

☐ If box is checked, either a final perimeter liquid treatment has been completed or a wood treatment/bait station install has been completed and the following statement is applicable.

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ADVANTAGE
Pest Related Services

Pre-Construction Termite Treatment

1-800-698-7998 License #JB4439

Property Information

Treatment Date 5-19-26 Time: _____

Lot 382 Block _____

Lakefront Estates
Subdivision Name

382 Strand Rd.
Street Address (if known)

Okeechobee Fl. 34974
City State Zip

_____
Owner Name (if known)

Builder / Contractor Information

_____
Name of Builder

CSC
Shell Contractor

Construction Type

Monolithic / Floating / Stemwall _____

Patio _____ Entry _____ Driveway _____

Product / Treatment Information

Treatment Type **(Must check one):** Initial Under-Slab / Wood Treatment _____ Bait Station Install _____

Supplemental _____ Final _____

Product applied: Bifenthrin _____ Imidacloprid / Bora-Care _____ Novaluron _____

Fipronil _____ Other _____

Concentration: .05 % Mixed Product Applied: 22 Gallons

Square feet treated: 2,265 Linear feet treated: _____ # of Bait Stations Installed: _____

☐ If box is checked, either a final perimeter liquid treatment has been completed or a wood treatment/bait station install has been completed and the following statement is applicable.

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