ADVANTAGE
Pest Related Services

Pre-Construction Termite Treatment

1-800-698-7998 License #JB4439

Property Information

Treatment Date 5/8/26 Time: _____

Lot 385 Block _____

Lakefront Estates
Subdivision Name

385 Strand Rd
Street Address (if known)

Okeechobee FL. 34974
City State Zip

_____
Owner Name (if known)

Builder / Contractor Information

_____
Name of Builder

CTP CSO1
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: 2330 Gallons

Square feet treated: 2307 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.

Marco Oliveira
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

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ADVANTAGE
Pest Related Services

Pre-Construction Termite Treatment

1-800-698-7998 License #JB4439

Property Information

Treatment Date 6-15-26 Time: _____

Lot 443 Block _____

Lakefront Estates
Subdivision Name

443 2nd Loop
Street Address (if known)

Okeechobee FL 34974
City State Zip

_____
Owner Name (if known)

Builder / Contractor Information

CSDI
Name of Builder

_____
Shell Contractor

Construction Type

Monolithic _____ Floating / Stemwall ✓

Patio _____ Entry _____ Driveway _____

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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: 60 Gallons

Square feet treated: 1515 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.

Abraham Arroyo
Applicator's Name (Please Print)

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