ADVANTAGE
Pest Related Services

# Pre-Construction Termite Treatment

1-800-698-7998 License #JB4439

## Property Information

Treatment Date 5/8/26 Time: 1 7 (Which gets)

Lot 384 Block _____

Lakefront Estates
Subdivision Name

384 Strano Rd.
Street Address (if known)

Okeechobee FL. 34974
City State Zip

_____
Owner Name (if known)

## Builder / Contractor Information

_____
Name of Builder

GTP OSCI
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: .06 % Mixed Product Applied: 152 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.

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 5/6/26 Time: _____

Lot 383 Block _____

Lakewood Estates
Subdivision Name

[illegible] Strand Rd
Street Address (if known)

Okeechobee, FL 3497[illegible]
City State Zip

_____
Owner Name (if known)

## Builder / Contractor Information

CSCI
Name of Builder

_____
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: 0.5 % Mixed Product Applied: 150 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.

Anthony James
**Applicator's Name (Please Print)**

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