

STATEMENT OF SERVICE RECORD REVIEW

"I certify that as a Certified Technician I will review the service records at my business location in accordance with Section 830.820 of the Structural Pest Control Code which states:

c) The certified structural pest control technician responsible for using pesticides, or overseeing the use of pesticides by non-certified personnel, shall provide documentation (i.e., name, certification number and dates of service) of review of all pesticide records for service performed by uncertified technicians to determine compliance with this Section.

I will review all service records of all technicians at this location, or those of the specific routes/technicians listed below, during the period _____ and _____."

NOTE: Review period should be no more than 1 year. BEGIN DATE END DATE

| | |
|---------------------------------------|----------------------|
| <i>CERTIFIED TECHNICIAN SIGNATURE</i> | <i>PRINT NAME</i> |
| 052- _____ <i>LICENSE NUMBER</i> | _____ <i>DATE</i> |

If not reviewing ALL service records of uncertified technicians employed at the business location, LIST BELOW SPECIFIC ROUTES/TECHNICIANS WHOSE RECORDS YOU WILL REVIEW

| | |
|------------------|------------------|
| ROUTE/TECHNICIAN | ROUTE/TECHNICIAN |
| ROUTE/TECHNICIAN | ROUTE/TECHNICIAN |
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Attach additional sheet(s) if needed.