

AUTHORIZATION TO STRUCTURAL PEST CONTROL OPERATOR

(California Business and Professions Code §8516)

NOTE: This form is used by a seller's or buyer's agent when preparing a listing/marketing package or performing a due diligence investigation on a property, to authorize a Structural Pest Control operator to prepare a Structural Pest Control Report for disclosing property conditions to a buyer.

DATE: _____, 20_____, Prepared by _____.

TO STRUCTURAL PEST CONTROL OPERATOR:

Rep's Name _____
Company Name _____
Address _____

Phone _____ Cell _____
Email _____

FROM AGENT/BROKER:

Agent's Name _____
Broker's Name _____
CalBRE# _____
Address _____

Phone _____ Cell _____
Email _____

1. Property address _____
 - 1.1 Type of property _____
2. Owner's Name _____
Address _____

Phone _____
3. **Inspection:** Please inspect the property for Structural Pest Control Report purposes, and prepare and deliver your report with any recommendations for necessary corrective work to the above Agent/Broker.
 - 3.1 Should the property be free of any pest control conditions requiring corrective work, please also issue a Certificate of Corrective Conditions.
4. **Reinspection:** Please reinspect the property for completion of corrective work and issue your Certificate of Corrective Conditions.
5. Your contact to set the day and time for access to the property is Agent/Broker, or Owner.
 - 5.1 Agent will be present during the inspection.
 - 5.2 If Agent is not present during the inspection, call Agent to discuss your findings before preparing your report.
6. The Structural Pest Control Report or Certificate of Corrective Conditions you prepare and deliver will be used to market the property to prospective Buyers.
7. The fee for your service will be paid by Owner, Buyer, or Agent/Broker.
 - 7.1 Please submit your billing as follows:
 - a. To Agent/Broker for payment in full on completion of your services and, if applicable, delivery of any reports or documents.
 - b. To Escrow, for payment on the closing of the pending sale.
Escrow Company _____
Escrow Office _____
Escrow Number _____
Address _____
phone _____ Fax _____
Email _____
 - 7.2 It is anticipated the amount of the fee for your services will be:
 - a. Structural Pest Control Report \$ _____.
 - b. Certificate of Corrective Conditions \$ _____.

Date: _____, 20_____

Submitting Agent's Signature: _____