Wood Destroying Insect Insp	ection Report N	otice: Please read impor	tant consumer informa	tion on page 2.	
Section I. General Information Inspection Company, Address, & Phone:		Company's Business Li		ate of Inspection 01/25/2013	
PROFESSIONAL TERMITE & PEST SERVICES LLC		Address of Property Inspected:			
Po Box 70		Robyn Alkire			
Gore, VA 22637		604 Locksa Rd			
304-856-2222 Romney, WV 26757					
Inspector's Name, Signature & Certification, Registration, or Lic. #:		Structure(s) Inspected: House			
Alan Langley - C-04707	Langery				
Section II. Inspection Findings This report be construed as a guarantee or warranty against I readily accessible areas of the structure(s) ins X A. No Visible evidence of wood destroying in B. Visible evidence of a wood destroying in 1. Live insects; (description & location): 2. Dead insects, insect parts, frass, she 3. Visible damage from wood destroyin	atent, concealed, or future in pected: insects was observed. sects was observed as follow liter tubes, exit holes, or stair	restation or defects. Bas	ed on a careful visua	of inspection and is not to	
NOTE: This is not a structural damage report. I including hidden damage, may be present. If an interested parties contact a qualified structural prof	f box B above is checked, in questions arise regarding of the extensional to determine the extensional to the extensional to the extensional to the extensional to the extension the extensional to the extensio	t should be understood damage indicated by this ent of damage and the ne	report, it is recommend ed for repairs.	led that the buyer or any	
Yes 🗵 No It appears that the structure(s) or a portion thereof may have been previously treated. Visible evidence of possible previous treatment:					
The inspecting company can give no assurances w	rith regard to work done by ot	her companies. The com	pany that performed th	e treatment should be	
contacted for information on treatment and any warranty or service agreement which may be in place. Section III. Recommendations					
No treatment recommended: (Explain if Box B in Section II is checked)					
Recommend treatment for the control of:					
or us			The inspector may wr or use the following o		
Basement			1. Fixed ceiling	13. Only visual access	
X Crawl Space 5.11,13,24				14. Cluttered condition 15. Standing water	
				16. Dense vegetation 17. Exterior siding	
	6. Cabinets or shelving 18. Window			18. Window well covers	
Garage	7. Stored items 19. Wood pile 8. Furnishings 20. Snow				
	11,13,16,17,24			21. Unsafe conditions 22. Rigid foam board	
Porch	11. Limited access 23. Synthetic stucco				
☐ Addition	12. No access beneath 24. Duct work, plumbing, and/or wiring				
Other	· · · · · · · · · · · · · · · · · · ·		,		
Section V. Additional Comments and Atta	chments (these are an int	egral part of the report)			
90 Day Termite Warranty	Total Fees Du				
		**************************************	**************************************	· · · · · · · · · · · · · · · · · · ·	
Attachments					
Signature of Seller(s) or Owner(s) if refinancin acknowledges that all information regarding W.D.I. repair, and treatment history has been disclosed to	Signature of Buyer. The undersigned hereby acknowledges receipt of a copy of both page 1 and page 2 of this report and understands the information reported.				
Y		Y			