



WOOD DESTROYING INSECT REPORTS (WDIR)

All reports and required fees shall be submitted to the department by the 10th of each month.

Business Name: _____ POB Permit Number: _____

Address: _____

Email: _____ Phone Number: _____

Report Month and Year: _____

None to Report – No WDIRs were issued/Performed this month.

CODE: Construction Type: S – Slab, P – Pier, S/P – Slab Pier, O – Other

Number	Code	Address of Property Inspected	Name of Seller/Buyer (and address if different)	Date of Inspection	Check if Treated	Fee Due \$12.00
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

I hereby certify that the above listed properties represent all properties that our business has performed a WDIR during the above named month. Attached hereto is a check in the amount shown below for fees due on the number of wood destroying inspections made and listed on this report.

Primary Licensee and ID Number: _____ Date: _____

Primary Licensee Signature: _____

Total Number of WDIRs: _____ x \$12.00 per WDIR = Total Fees Due _____

Please Return this Form and Remittance to:

Louisiana Department of Agriculture and Forestry
5825 Florida Blvd., Suite 1003
Baton Rouge, LA 70806

OFFICE USE	
Transmittal #	
Check #	_____
Date	_____
Amt. \$.00