



## WOOD DESTROYING INSECT ERADICATION REPORT (WDIE)

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

### CODING INFORMATION

Use the coding abbreviations provided below to complete the information for properties on which a contract for the eradication of WDI has been issued.

CODE A – INSECT TYPE	CODE B – CONSTRUCTION TYPE	CODE C – TREATMENT TYPE
<ul style="list-style-type: none"><li>• DWT – Drywood Termites</li><li>• AB – Anobiid Beetle</li><li>• BB – Bostrichid Beetle</li><li>• FST – Formosan Subterranean Termites</li><li>• ST – Subterranean Termites</li><li>• OHB – Old House Borer</li><li>• LB – Lyctid Beetle</li><li>• MWB – Metallic Wood Borer</li></ul>	<ul style="list-style-type: none"><li>• S – Slab</li><li>• S/P – Slab/Pier</li><li>• P – Pier</li><li>• O – Other</li></ul>	<ul style="list-style-type: none"><li>• FU – Fumigation</li><li>• PT – Pretreat</li><li>• PC – Post Construction</li><li>• ST – Spot Treatment</li><li>• BT – Bait Treatment</li><li>• CC – Combination Spot and Bait</li><li>• NCL – New Construction Liquid</li><li>• NCBT – New Construction Bait</li><li>• NCCC – New Construction Combination Spot and Bait</li></ul>

### FEES

- \$12.00 per contract
- Copies of waivers should not be submitted with monthly reports.
- Only one copy of the completed form must be submitted with payment.

### PLEASE RETURN THIS FORM AND REMITTANCE TO:

LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY  
5825 FLORIDA BLVD., SUITE 1003  
BATON ROUGE, LA 70806



## WOOD DESTROYING INSECT ERADICATION REPORT (WDIE)

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

Business Name: \_\_\_\_\_ POB Permit Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Report Month and Year: \_\_\_\_\_

None to Report – No contracts for the eradication of WDI were issued this month.

Contract Number	Code A	Code B	Code C	Address of Property Treated	Property Owner Name (and Address if Different)	Date Work Began	Date Contract Issued	Waiver Obtained (Yes or No)	Fee Due \$12.00

\_\_\_\_\_ Total Contracts This Page

Total Fees Due This Page \$ \_\_\_\_\_

I hereby certify that the above listed properties represent all properties on which a contract has been issued for the eradication of wood destroying insects by the above named POB during the above named month. Included is a check in the amount shown below for fees due on the number of contracts.

Primary Licensee Name and ID Number: \_\_\_\_\_

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total Number of Contracts: \_\_\_\_\_ x \$12.00 each = Total Fees Due \_\_\_\_\_

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