



## TERMIT PERIMETER APPLICATION

This form is to report the perimeter treatment completed within 12 months of a pre-construction application initially reported on a WDIE report.

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

There are no fees associated with this report.

Business Name: \_\_\_\_\_ POB Permit Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Report Month and Year: \_\_\_\_\_

None to Report – No perimeter treatments for pre-construction were performed this month.

**Codes (Construction):** S – Slab, S/P – Slab/Pier, P – Pier, O – Other

Site	Code	Address of Property Treated	Name of Property Owner (and address if Different)	Date Initial Treatment Began	Date Perimeter Concluded
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Licensee and Licensee Number: \_\_\_\_\_

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

**Please return this form to:**  
Louisiana Department of Agriculture and Forestry  
5825 Florida Blvd., Suite 1003  
Baton Rouge, LA 70806