



TERMITE 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 10th 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