



**Application for Termites Inspection/Report**

Date:	Reference No:
I (name) hereby apply for attendance of BSO at	
address/location	
Phone No:	
Transport provided:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of Client:	

**For Official Use Only**

Approved/ Not Approved:	Name of BSO(s):
Signature:	Date:

1.	Damaged Caused	
2.	Chemical/Treatment	
3.	Time of Inspection	Start
		Finish
4.	Mileage (official vehicle)	Start
		Finish
5.	Remarks	

Officer(s) Signature:	Date:
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