



CERTIFICATE OF MOLD DAMAGE REMEDIATION

Certificate Number _____ Date of Issuance _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Property Description:

Number _____ Street _____ Lot _____ Block _____

Addition or Tract _____ City _____ County _____

SIGN APPROPRIATE CERTIFICATION

Mold Assessment Consultant License Holder Certification

- I hereby certify that based on visual, procedural and analytical evaluation, the mold contamination identified for this project has been remediated as outlined in the mold management plan or remediation protocol.
- I further certify with reasonable certainty that the underlying cause or causes of the mold that were identified for this project in the mold management plan or remediation protocol have been remediated. A copy of the written evaluation that forms the basis for my certification has been provided to the person named in this certificate.

Mold Assessment Consultant
License Holder Signature

Department of State Health Services
License No. and Expiration Date

Date

Mold Remediation Contractor License Holder Certification

- I hereby certify that I completed mold remediation on this project and will provide the mold remediation certificate to the property owner no later than the 10th day after the date of completion.

Mold Remediation Contractor
License Holder Signature

Department of State Health Services
License No. and Expiration Date

Date of Completion

OR

Mold Assessment Consultant or Adjustor License Holder Certification

- I hereby certify that I have inspected the property described in this certificate and that based on my inspection I have determined that the property does not contain evidence of mold damage. A copy of the written evaluation that forms the basis for my certification has been provided to the person named in this certificate.

Mold Assessment Consultant/Adjustor
License Holder Signature

Department of State Health Services
License No. and Expiration Date

Date