



## 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 10<sup>th</sup> 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