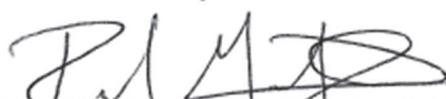


**Box B:** To be filled out by the mold assessment consultant.

I certify that:

- Damage caused by mold at this property has been treated (remediated).
- With reasonable certainty, the underlying causes of the mold have been treated so mold will not return.
- I gave a copy of my report to the property owner.

Per Occupations Code Section 1958.154: Based on visual, procedural, and analytical evaluation, the mold contamination identified for the project has been remediated as outlined in the mold management plan or remediation protocol.



Mold assessment consultant's signature

11/1/2025

Date

RODIE GONZALEZ 12426 MEADOW FROST LN HOUSTON TX 77044

Consultant's printed name and address .

M.A.C. 1849

Texas Department of Licensing and Regulation license number

03/13/2026

License expiration date

► **No mold damage was found** (If Box C is filled out, Box A and B do not need to be filled out.):

**Box C:** To be filled out by the mold assessment consultant or insurance adjuster.

I certify that:

- I inspected this property.
- I did not find signs (evidence) of any mold damage.
- I gave a copy of my report to the property owner.

Certificate number

Date issued

Mold assessment consultant or insurance adjuster's signature

Date

Consultant or adjuster's printed name and address

Texas Department of Licensing and Regulation license number, or  
Texas Department of Insurance license number

License expiration date

# Certificate showing this property does not have mold damage

## Certificate of mold damage remediation

**Property owner:** Keep this certificate and give a copy to your insurance agent or company.

### Property owner and location

Property owner's name JASON BEARD  
Mailing address 11803 OLD SPANISH TRAIL, SANTA FE, TX 77510  
Property address 11803 OLD SPANISH TRAIL, SANTA FE, TX 77510  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Addition or tract \_\_\_\_\_ County MONTGOMERY

### Instructions

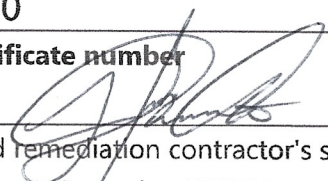
- **If mold damage has been treated (remediated):** Both Box A and B below must be filled out. The mold remediation contractor must fill out Box A. The mold assessment consultant must fill out Box B.
- **If no mold damage was found:** The mold assessment consultant or insurance adjuster must fill out Box C.

► **Mold damage has been treated** (If Box A and B are filled out, Box C does not need to be filled out.):

**Box A:** To be filled out by the mold remediation contractor.

I certify that:

- I treated the damage caused by mold at this property. Treatment can include removing, cleaning, sanitizing, and preventing mold damage.
- I gave this certificate to the property owner within 10 days after completing the work.

<u>600</u>	<u>11/04/2026</u>
<b>Certificate number</b>	<b>Date issued</b>
	<u>11/11/2026</u>
Mold remediation contractor's signature	Date
<u>Hugo I. Camacho 12502 Meadow Frost Ln. Houston TX. 77044</u>	<u>11/01/2026</u>
Contractor's printed name and address	Date treatment completed
<u>M.R.C # 1843</u>	<u>05/06/2026</u>
• Texas Department of Licensing and Regulation license number	License expiration date