

# 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 Calvin & Rachel Davis

Mailing address \_\_\_\_\_

Property address 8142 Hills Pkwy, Montgomery, TX 77316

Lot \_\_\_\_\_ Block \_\_\_\_\_ Addition or tract \_\_\_\_\_ County \_\_\_\_\_

### 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.):

<b>Box A:</b> To be filled out by the mold remediation contractor.	
I certify that:	
<ul style="list-style-type: none"> <li>• I treated the damage caused by mold at this property. Treatment can include removing, cleaning, sanitizing, and preventing mold damage.</li> <li>• I gave this certificate to the property owner within 10 days after completing the work.</li> </ul>	
25-0154-MLD	12/12/2025
<b>Certificate number</b>	<b>Date issued</b>
<u>Scott Simpson</u>	12/17/2025
<small>ED48009F70A44E5</small>	Date
Mold remediation contractor's signature	12/12/2025
Scott Simpson 33011 Tamina Rd. Ste A, Magnolia TX 77354	Date treatment completed
Contractor's printed name and address	11/17/2027
MRC 1660	License expiration date
Texas Department of Licensing and Regulation license number	

**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.

*BLAINE REAGAN* \_\_\_\_\_ 12/12/2025 \_\_\_\_\_  
 Mold assessment consultant's signature Date

Blaine Reagan PO Box 2212 Conroe TX 77301  
 \_\_\_\_\_  
 Consultant's printed name and address

MAC1527 \_\_\_\_\_ 4/22/2026 \_\_\_\_\_  
 Texas Department of Licensing and Regulation license number 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.

\_\_\_\_\_ Date issued \_\_\_\_\_  
**Certificate number**

\_\_\_\_\_ Date \_\_\_\_\_  
 Mold assessment consultant or insurance adjuster's signature

\_\_\_\_\_ \_\_\_\_\_  
 Consultant or adjuster's printed name and address

\_\_\_\_\_ License expiration date \_\_\_\_\_  
 Texas Department of Licensing and Regulation license number, or  
 Texas Department of Insurance license number