**NCC 2022 – Volume Two (Including any amendment adoptions)**

|  |  |
| --- | --- |
|  |  |
| Property Address  |  |
|  |  |
| CC or CDC Application No.  |  |
|  |  |
| Description of WorkBeing Certified |  |
| I hereby certify that:The Termite Management system installed complies with Australian Standard AS 3660.1 – 2014 *“Termite Management”* and Part 3.4. BCA/NCC Volume 2- 2022 – Housing Provisions. Alternatively, provide confirmation Termite Management system is not required as per BCA/NCC Volume 2 – 2022, Clause 3.4.1.I confirm that I am appropriately competent and qualified to certify this element. |
| Details of the PersonMaking the Statement | Name: Email: Phone No.: Licence No.: Company:  |
|  |  |
| Date |  |
|  |  |
| Signature |  |