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

|  |  |
| --- | --- |
|  |  |
| Property Address |  |
|  |  |
| CC or CDC  Application No. |  |
|  |  |
| Description of Work  Being 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 Person  Making the Statement | Name:  Email:  Phone No.:  Licence No.:  Company: |
|  |  |
| Date |  |
|  |  |
| Signature |  |