

Pest Identification Request Form

NPMA Membership Number: _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ *[NPMA will contact you via email with the results.]*

County: _____ Country: _____

Contact: (your name): _____

Specimen / Damage: _____

Date collected: _____ Date mailed: _____

Customer Name (optional): _____

Describe location in structure where specimen or damage was found or material / product infested (be specific): _____

Duration / severity of pest activity: _____

Submit more than one pest specimen in vial, if possible. Please mail in a protected container. Please print "Hand Stamp" on mailing envelope.

NPMA Use Only

Identification: _____

Adult Immature Frass Damage

Life history / habits: _____

Control: _____

Other comments: _____

Date Identified: _____ Identified by: _____