

NISUS CORPORATION BORA-CARE® WARRANTY MANAGEMENT SYSTEM

Add a Home: New Home Registration Form

Please complete the fields below to register a new home for the Bora-Care 30-Year Limited Warranty.

Pest Company Name

Technician Name (first, last)

Please be sure this technician has taken and passed the Bora-Care exam (required every two years).

Treatment Date

Property has a postal address
Property does not have a postal address

Property Address

Street

City

State

ZIP

Treatment Options:
Option 1

Subterranean Termite and Whole House Treatment – Bora-Care 1:1 Solution with a two-foot band treatment

Option 2

Subterranean Termite Treatment for drywood and Formosan termites and wood decay – Bora-Care 1:1 Solution with a two-foot band treatment and a 5:1 Bora-Care or Bora-Care with Mold-Care whole house treatment

Option 3

Whole House Treatment for drywood termites and wood decay fungi (does not include subterranean termites)

Product Lot Lot numbers for B	Number(s): Bora-Care and Bora-Care with	Mold Care are printed	on the back of the jugs.	
Foundation:				
Slab	Crawlspace	Basement	Combination	
Square Foot	age – complete square	e footage for who	le house treatments only	
Main floor squ	uare footage			
Second floor	square footage			
Additional sq	uare footage if treated			
Other				
Interior crawls	space wall linear foota	ge		
Number of Fo	oundation Piers			
Stud walls in	basement?			
No `	Yes			
Finished	basement treated			
Describe any	other areas treated:			

Other products were applied.

INACCURATE MEASUREMENTS OR CALCULATION CAN INVALIDATE WARRANTIES.

E-MAIL YOUR COMPLETED FORM TO: info@nisuscorp.com **SUBJECT:** Attn: Bora-Care Warranty

