

Initial termite treatment

From Matt Forsyth <mforsyth@columbiacountyfla.com>

Date Thu 6/25/2026 3:45 PM

To Columbia County Building and Zoning Info <bldginfo@columbiacountyfla.com>

55951

New Construction Subterranean Termite Service Record

This form is completed by the licensed Pest Control Company

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Service, Paperwork Project (0160-0047), Washington, DC 20503. HUD may not collect this information, and you are not required to complete this form, OMB control number.

Section 24 CFR 200.926d(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information is to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the structure for one year. Builders, pest control companies, mortgage lenders, home buyers, and HUD as a record of treatment information collected. The information is not considered confidential, therefore, no assurance of confidentiality is provided.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when treatment for termite infestation is specified by the builder, architect, or required by the lender, architect, FHA, or VA.

All contracts for services are between the Pest Control company and builder, unless stated otherwise.

Section 1: General Information (Pest Control Company Information)

Company Name: **Aspen Pest Control, Inc.**

Company Address **P.O. Box 1795**

Company Business License No. **JB182948**

FHA/VA Case No. (if any)

City **Lake City**

State **FL**

Company Phone No. **386-755-3611**

Section 2: Builder Information

Company Name **HomePro Plus**

Phone

Section 3: Property Information

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip) **911 SW Rock Ft. White, FL**

Section 4: Service Information

Date(s) of Service(s) **6-25-2026**

Type of Construction (More than one box may be checked) ☒ Slab ☐ Basement ☐ Crawl ☐

Check all that apply:

☒ A. Soil Applied Liquid Termiticide

Brand Name of Termiticide: **Dominion 2L** EPA Registration No. **53883-229**

Approx. Dilution (%): **.05** Approx. Total Gallons Mix Applied: **250** Treatment com

☐ B. Wood Applied Liquid Termiticide

Brand Name of Termiticide: EPA Registration No.

Approx. Dilution (%): Approx. Total Gallons Mix Applied:

☐ C. Bait System Installed

Name of System EPA Registration No. Number of Stations

☐ D. Physical Barrier System Installed

Name of System Attach installation information (required)

Service Agreement Available? ☒ Yes ☐ No

Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List) _____

Comments _____

2,400sf Monolithic

Name of Applicator(s) C. Lacey

Certification No. (if required by state) _____

The applicator has used a product in accordance with the product label and state requirements. All materials and methods used comply with applicable state and federal regulations.

Authorized Signature Haylee Gragley

Date _____

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001)

NFPC1: 100277