

OMB Approval No. 2 (enc. 07)

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 the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently OMB control number.

Section 24 CFR 200.926(d)(3) requires that the sales for HUD insured structures must be free of termite hazards. This information collection requires the builder to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area for one year. Builders, pest control companies, mortgage lenders, appraisers, and HUD as a record of treatment for specific homes will use 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 prevention of subterranean 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**
 City: **Lake City** State: **FL**
 Company Business License No.: **JB182248** Company Phone No.: **386-755-3611** Zip: **32056**
 FHAVA Case No. (if any)

Section 2: Builder Information

Company Name: **David Reyes** Phone No.: **561-460-1493**

Section 3: Property Information

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip): **40 SW Terra Leaf Dr, Lake City, FL 32024**

Section 4: Service Information

Date(s) of Service(s): **2-11-2026** Sub Basement Craw Other

Type of Construction (More than one box may be checked)

Check all that apply:
 A. Soil Applied Liquid Termiticide EPA Registration No. _____
 Brand Name of Termiticide: **Termiticide** Approx. Total Gallons (w/ Applied): **350** **93853229**
 Approx. Dilution (%): **1.0%** EPA Registration No. _____
 B. Wood Applied Liquid Termiticide EPA Registration No. _____
 Brand Name of Termiticide: _____ Approx. Total Gallons (w/ Applied): _____
 Approx. Dilution (%): _____ EPA Registration No. _____
 C. Bait System Attached Evaluation Information (required) Number of Stations Installed _____
 Name of System _____
 D. Physical Barrier System Installed
 Name of System _____

Service Agreement Available? Yes No (This form does not preempt state law.)
 Note: Some state laws require service agreements to be issued.
 Attachments (List): **None Available**

Comments: _____
 Certification No. (if required by State law): **JB182248**
 Name of Applicator(s): **David Reyes** Date: **2-11-2026**
 The applicator has used a product in accordance with the product label and state requirements. All materials and methods used comply with state and federal regulations.
 Authorized Signature: **David Reyes**

Warning: HUD will prosecute false claims and statements. Computer print and electronic records are available. (16 U.S.C. 1091, 1010, 1012, 31 (U.S.C. 3729, 3802))
 www.hud.gov/ma/24a (09/2020)