

From: [Mark Forugh](#)
 To: [California County Building and Zoning Info](#)
 Subject: Termite pre-insp
 Date: Friday, February 6, 2026 11:57:22 AM

#54876

OMB Approval No. 2542-0055
(exp. 07/31/2027)

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 reviewing and collecting the information. This information collection is required to obtain benefits, gathering and maintaining the data needed, and reviewing and collecting the information. This information collection is required to obtain benefits, gathering and maintaining the data needed, and reviewing and collecting the information.

OMB number 2542-0055 requires that the sites for HUD insured structures must be free of termite infestation. This information collection requires the builder to certify that an authorized Pest Control company performed all required inspections, home buyers, and HUD as a record of treatment for specific homes will use the information collected. This information is not considered confidential, therefore, no assurance of confidentiality is provided.

This report is submitted for informational purposes to the builder of 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.

(exp. 07/31/2027)

Section 1: General Information (Pest Control Company Information)

Company Name: Aspen Pest Control, Inc. State FL Zip: 32056
 City Lake City
 Company Address P.O. Box 1795 Company Phone No. 386-755-3611
 Company Business License No. JB182948 FHA/VA Case No. (if any)

Section 2: Builder Information

Company Name Laxdo Construction Phone No. _____

Section 3: Property Information

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip) 2165 SW Challenger Dr Lake City, FL 32056-1795

Section 4: Service Information

Date(s) of Service(s) 2-5-2026
 Type of Construction (More than one box may be checked) Slab Basement Crew Other _____

Check all that apply:
 A. Soil Applied Liquid Termiticide EPA Registration No. _____
 Brand Name of Termiticide: TERMINATOR 2 Approx. Total Gallons Mix Applied: 150 Treatment completed on exterior: Yes No
 Approx. Duration (s): _____
 B. Wood Applied Liquid Termiticide EPA Registration No. _____
 Brand Name of Termiticide: _____ Approx. Total Gallons Mix Applied: _____
 C. Bait System installed EPA Registration No. _____
 Name of System: _____
 D. Physical Barrier System installed EPA Registration No. _____
 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 TERMITICIDE

Name of Applicator(s) C. Lucas Certification No. (if required by State law) JF104376
 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 Hayden Gray Date 2-5-2026

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802) Form HUD-NPMA 99-B (04/2009)

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