

Section 24 CFR 200.608(b)(3) requires that the sites 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 as free of termites for one year. Builders, pest control companies, mortgage lenders, home buyers, 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. City Lake City State FL Zip 32056
 Company Address P.O. Box 1295 Company Phone No. 386-755-3611
 Company Business License No. JB182948 FHAVA Case No. (if any) _____

Section 2: Builder Information

Company Name Plumb Level Construction Phone No. 281-365-5264

Section 3: Property Information

Location of Structure (e) Treated (Street Address or Legal Description, City, State and Zip) 1240 S. D. Ridge St. Lake City, FL 32044

Section 4: Service Information

Date(s) of Service(s) 2-19-2025
 Type of Construction (More than one box may be checked) ☐ Slab ☐ Basement ☐ Crawl ☐ Other _____
 Check all that apply:
☒ A. Soil Applied Liquid Termiticide Brand Name of Termiticide: TERMINATOR EPA Registration No. _____
 Approx. Dilution (%): 1% Approx. Total Gallons Mix Applied: 100 Treatment completed on exterior: ☐ Yes ☒ No
☐ B. Wood Applied Liquid Termiticide Brand Name of Termiticide: _____ EPA Registration No. _____
 Approx. Dilution (%): _____ Approx. Total Gallons Mix Applied: _____
☐ C. Baits System Installed Name of System: _____ EPA Registration No. _____
☐ D. Physical Barrier System Installed Name of System: _____ EPA Registration No. _____
 Service Agreement Available? ☐ Yes ☒ No Attach Installation information (required)
 Note: Some state laws require service agreements to be issued. This form does not preempt state law.
 Attachments (List) _____
 Comments 2025 Number of Stations Installed _____

Name of Applicator(s) Kenya C. Cargen 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 Kenya C. Cargen Date 2-19-2025

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-980A-01 (09/2008)