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CORPORATE HEADQUARTERS:

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SCIENTIFIC PEST CONTROL DIRECTED BY GRADUATE ENTOMOLOGISTS

Complete Pest Control Service
Member Florida & National Pest Control Associations

Reply : 536 SE Baya Dr
Lake City, FL 32025
Phone (386) 752-1703 Fax (386) 752-0171

F-018812
Rob Stewart
139 SE Rachel Way
Lake City, FL 32024

TERMITE TREATMENT CERTIFICATION

Owner:	Permit Number:
Rob Stewart	40078
Lot:	Block:
Subdivision:	Street Address:
	139 SE Rachel Way
City:	County:
Lake City	Columbia
General Contractor:	Area Treated:
Tony Jordan	Dwelling
Date:	Time:
05/03/2021	
Name of applicator	Applicator ID Number:
Bill Hendricks	LF270021
Product Used: Active Ingredient: % Concentration	Number of gallons used:
Premise: Imidacloprid: 0.05%	233
Method of termite prevention treatment: Soil treatment	

The building has received a complete treatment for the prevention of subterranean termites.
Treatment is in accordance with rules and laws established by the Florida Department of Agriculture and Consumer Services.

This form is proof of complete treatment for Certificate of Occupancy or Closing.

THIS IS PROOF OF WARRANTY

Warranty and Treatment Certifications Have Been Issued.

Authorized Signature:	Date:
	5/18/2021

BRANCHES:

• Crystal River • Daytona Beach • Ft. Walton Beach • Jacksonville South • Jacksonville West • Lake City • Milton • Ocala •
Orlando • Palatka • Panama City • Pensacola • Starke • St. Augustine • Tallahassee • Winter Haven • Leesburg • Kissimmee • Tampa •

New Construction Subterranean Termite Service Record

OMB Approval No. 2502-0525
(exp. 09/30/2022)

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 valid 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 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 against infestation for one year. Builders, pest control companies, mortgage lenders, homebuyers, and HUD as a record of treatment for specific homes will use the 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: FLORIDA PEST CONTROL & CHEMICAL CO.

Company Address 536 SE BAYA DR. City LAKE CITY State FLORIDA Zip 32025

Company Business License No. 3460

Company Phone No. 386-752-1703

FHA/VA Case No. (if any)

Section 2: Builder Information

Company Name Rob Stewart

Phone No.

Section 3: Property Information

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip) 139 SE Rachel Way Lake City, FL 32024

Section 4: Service Information

Date(s) of Service(s) 05/10/2021

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: Premise Preconstruction EPA Registration No. 432-1331

Approx. Dilution (%): 0.10% Approx. Total Gallons Mix Applied: 233

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. Bait system Installed

Name of System _____

EPA Registration No. _____

Number of Stations installed _____

☐ 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

Name of Applicator(s) Bill Hendricks

Certification No. (if required by State law) LF270021

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 [Signature]

Date 5/10/2021

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)