

From: Matt Forsyth
To: Terminix Inc.
Subject: Terminix
Date: Friday, April 11, 2025 11:34:51 AM

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CPB Form No. 202-052
(Rev. 10/2022)

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. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Service, Paperwork Project (0160-0047), Washington, DC 20503.

Section 24 CFR 3282.202(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 annual termite inspection has been performed on the structure within the last 12 months, and that the builder guarantees the treated areas against infestation for one year. Builders, pest control companies, 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.

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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 1795** Company Phone No.: **386-755-3611**
FHA/VA Case No. (if any): **JB182948**

Section 2: Builder Information

Company Name: **Ben Martin** Phone No.: **397-4534**

Section 3: Property Information

Location of Structure (s): Treated (Street Address or Legal Description, City, State and Zip): **274 SW 7th St DR Lake City, FL 32024 Unit #2**

Section 4: Service Information

Date(s) of Service(s): **4/8/2025** Type of Construction (More than one box may be checked): ☒ Slab ☐ Basement ☐ Craw ☐ Other

Check all that apply:

☒ A. Soil Applied Liquid Termiticide
Brand Name of Termiticide: **Dorminon 21** EPA Registration No.: **5383-229**
Approx. Dilution (%): **1.05** Approx. Total Gallons Max 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 Max Applied: _____

☐ C. Bafl 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: **1587 st Morrell Ave**

Name of Applicator(s): **C. Lacey** 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: **C. Lacey** Date: **4/8/2025**

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010; 31 U.S.C. 3729, 3802).
Form HUD-NPM-49-8 (08/2007)

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