New Construction Subterranean Termite Service Record

OMB Approval No. 2502-0525

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

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	on)	Advance of a contract of	and the same of th
Company Name Aspen Pest Control, Inc.			
Company Address D.O. Row 1795			FL Zip 32056
Company Business License No	Oity	State	Zip 32056
FHA/VA Case No. (if any)		Company Phone No	309-130-8011
Section 2: Builder Information	- N		150
Company Name Fogley Construction		Phone No	50550
section 3: Property Information			The state of
Location of Structura(a) Tracted (Street Address of Local D			10 N. V. 2702
Location of Structure(s) Treated (Street Address or Legal Descri	iption, City, State and 2	ip)	THE ALCOHOLD
-373 NW Blackberry Cir Lake C	17711 3245		-
ection 4: Service Information	F 12 F		
Date(s) of Service(s)			
Type of Construction (More than one box may be checked	The Committee of the Co	sement	
Type of contentation (more than one box may be checked	i) po Siab D Ba	sement	er
Check all that apply:			
A. Soil Applied Liquid Termiticide			
Brand Name of Termiticide:EPA F	Registration No.	64-169	
Approx. Dilution (%): Approx. Total Gallons	Mix Applied: 4-50	Transment completed as	
☐ B. Wood Applied Liquid Termiticide	with Applied.	realment completed or	exterior: Yes No
Brand Name of Termiticide:	EDA E	logistration No	
Approx. Dilution (%): Approx. Total Gallons	Min Ameliada	legistration No.	
C. Bait System Installed	MIX Applied:		
Name of System EPA F	Registration No	Number of Sta	tions Installed
D. Physical Barrier System Installed			
Name of System Attach	Name of System Attach installation information (required)		
Service Agreement Available? Yes No		encer correspondent programmer	
Note: Some state laws require service agreements to be issued.	. This form does not pr	eempt state law.	
Attachments (List)			
Attachments (List)			
Comments			
Comments			
CommentsName of Applicator(s)	Certification	No. (if required by State law)	JF104376
Name of Applicator(s)	Certification	No. (if required by State law) s. All materials and methods use	JP104376 d comply with state and federa
Name of Applicator(s)	Certification	No. (if required by State law) s. All materials and methods use	d comply with state and federa

Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010. 1012; 31 U.S.C. 3729, 3802)

Form NPCA-99-B may still be used

form HUD-NPMA-99-B