

Aspen Term Service
Pest Control Company

Public Reporting Notice: This form is required by the Florida Department of Health and Human Services, Florida. The information on this form is used to track the use of pesticides and to ensure that the information is accurate. The information on this form is used to track the use of pesticides and to ensure that the information is accurate. The information on this form is used to track the use of pesticides and to ensure that the information is accurate.

Section 1: General Information (Pest Control Company Information)

Company Name: Aspen Pest Control, Inc. State: FL Zip: 32056
Company Address: P.O. Box 1793 City: Lake City Company Phone No.: 386-755-3611
Company Business License No.: JB 182948
FHA/HA Case No. (if any): _____

Section 2: Builder Information

Company Name: Inter-Guild Construction Phone No.: 386-6545
Location of Structure: 1022 SW Overseas Blvd. City, State and Zip: Lake City, FL 32024 Lot #546

Section 3: Property Information

Location of Structure: (s) Treatment (Sheet Address or Legal Description, City, State and Zip): _____
Type of Construction (More than one box may be checked): ☒ Slab ☐ Basement ☐ Crawl ☐ Other _____

Section 4: Service Information

Check all that apply:
☒ A. Soil Applied Liquid Termiticide EPA Registration No.: _____
Brand Name of Termiticide: TERMITICIDE Approx. Total Gallons Max. Applied: 4.00 Treatment completed on exterior: ☐ Yes ☒ No
Approx. Duration (hrs): 100
☐ B. Wood Applied Liquid Termiticide EPA Registration No.: _____
Brand Name of Termiticide: _____ Approx. Total Gallons Max. Applied: _____
Approx. Duration (hrs): _____
☐ C. Soil System Installed EPA Registration No.: _____ Number of Stations installed: _____
☐ D. Other System Installed EPA Registration No.: _____ Attach installation information (required)
Name of System: _____
Service Agreement Available? ☒ Yes ☐ No
Note: Some state laws require service agreements to be issued. This form does not preempt state law.
Attachments (if any): _____

Comments: 210218 3100 001 234 10204 17

Name of Applicator(s): 010001 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: Kayden Gargay Date: 2-10-2025

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)

Form HUD-APMA-89-B (2)