IL SP71

OMB Approval No. 2502-0525

New Cons. uction Subterranean Termite Service Record

This form is completed by the licensed Pest Control Company.

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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 Aspen Pest Control Inc. Company Address _____ City ____ State _____ Company Business License No. ______ Company Phone No. FHA/VA Case No. (if any) Section 2: Builder Information Company Name Woodman Pas Section 3: Property Information Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip) Maurice and Sonia Watson 284 NW Montique Court Lake (ity F1 37055 Section 4: Service Information Date(s) of Service(s) 9-13-7013 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: B 180 XTS EPA Registration No. 539 Approx. Dilution (%): _____ Approx. Total Gallons Mix Applied: _____ 415 Treatment completed on exterior: \(\square\) Yes \(\square\) No ☐ B. Wood Applied Liquid Termiticide ____ EPA Registration No. _____ Brand Name of Termiticide: ____ 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? X Yes No Note: Some state laws require service agreements to be issued. This form does not preempt state law. Attachments (List) _ Comments ____ Certification No. (if required by State law) Name of Applicator(s) ____ 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.

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)