New Construction Subterranean Termite Service Record

33255

OMB Approval No 2502-0525 (exp 04/30/2015)

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 its 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
Company Address P.O. Box 1795 city Lake City state Florida zip 32056
Company Business License No JB182948 Company Phone No (386) 755-3611
FHA/VA Case No (if any)
Section 2: Builder Information
Company Name / W. A. Suma(A. Home. Phone No £67-049-
Section 3: Property Information
Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip)
Section 4: Service Information
Date(s) of Service(s)
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
Comments
Name of Applicator(s) Certification No (if required by State law) <u>JF104376</u>
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 Date C 16 (11)
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)