## New Construction Subterranean Termite Service Record

OMB Approval No. 2502-0525 (exp. 09/30/2022)

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 iis 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, un	less stated otherwise.		
Section 1: General Information (Pest Control Company Information)			
Company Name: Arrow Extermionatos			
Company Address 5602 NW 13th Street C	<sub>ity</sub> Gainesville	State FL	<sub>Zip</sub> 32653
Company Business License No. JB4948			
FHA/VA Case No. (if any)			
Section 2: Builder Information			
Company Name DWC Contracting	Ph	one No. <u>352-339-63</u>	87
Section 3: Property Information			
Location of Structure (s) Treated (Street Address or Legal Description, City,	, State and Zip) 231 SW I	Morning Glory Dr La	ke City, FI 32024
Section 4: Service Information			
Date(s) of Service(s) 1/26/23,6/1/23			
Type of Construction (More than one box may be checked)	Basement C	rawl Other	
Check all that apply:			
A. Soil Applied Liquid Termiticide			
Brand Name of Termiticide: Premise-Pre EPA Registration	on No. <u>432-1391</u>		
Approx. Dilution (%): 5% Approx. Total Gallons Mix Applied:		oleted on exterior:  xxx '	Yes No
B. Wood Applied Liquid Termiticide			<b>—</b>
Brand Name of Termiticide: EPA Registration	on No		
Approx. Dilution (%): Approx. Total Gallons Mix Applied: _			
C. Bait system Installed			
Name of SystemEPA Registration No	Number of Stat	tions installed	<u></u>
D. Physical Barrier System Installed			
Name of System Attach installation informa	tion (required)		
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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			
Name of Applicator(s) T. Beckham , C. Tanner	Certification No. (if require	d bv State law)	
The applicator has used a product in accordance with the product label and state regulations.			
Authorized Signature	Date 6/5/23		
Warning: HUD will prosecute false claims and statements. Conviction may result in crimina			