## OMBApproval No. 2502-0525 (exp. 09/30/2022)

## **New Construction Subterranean Termite Service Record**

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 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, home buyers, 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 Names Aspon Bost Control Inc	
Company Address P.O. Rox 1795	City Lake City State FL Zip 32056
Company Business License No. JB182948	Company Phone No. <u>386-755-3611</u>
FHA/VA Case No. (if any)	
Section 2: Builder Information	
Company Name IC CONSTRUCTION LLC	Phone No. 386-867-0086
Section 3: Property Information Walden Matthew	
	otion, City, State and Zip) 27403 5 US Highway 491
Section 4: Service Information	
Date(s) of Service(s) 3-15-23	
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:	Registration No. 53883=779
Approx. Dilution (%): 5 Approx. Total Gallor	ns Mix Applied: Treatment completed on exterior: □ Yes □ No
☐ B. Wood Applied Liquid Termiticide	
Brand Name of Termiticide: EPA	A Registration No.
Approx. Dilution (%): Approx. Total Gallon	s Mix Applied:
C. Bait System Installed	
□ D. Physical Barrier System Installed	NoNumber of Stations installed
Name of System Attach installation information (required)	
Service Agreement Available?	This form does not assessed state law.
Note: Some state laws require service agreements to be issued.	This form does not preempt state law.
Attachments (List)	
Comments 3710 SF 250 1,00 F	+
Name of Applicator(s) J. DUMA	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	Date 3-15-23
140	3410
Warning: HUD will prosecute false claims and statements. Conviction may resu	ult in criminal and/or civil penalties. (18 U.S.C. 1001, 1010. 1012; 31 U.S.C. 3729, 3802)