

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 at 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 under the Fair Disclosure Act (FDIC) and is not subject to the requirements of the Paperwork Reduction Act. OMB Approval No. 2502-0425 (exp. 07/31/2027)	
Section 1: General Information (Pest Control Company Information)	
Company Name: Aspen Pest Control, Inc. Company Address: P.O. Box 1795 Company Business License No. JB182948 F/H/A/V/A Case No. (if any) _____	
City Lake City State FL Zip 32056 Company Phone No. 386-755-3611	
Section 2: Builder Information Company Name: RTH Construction Phone No. 954-449-7941	
Section 3: Property Information Timothy and Lisa Boyer Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip) 766 SW Challenges Ln Lake City FL 32653	
Section 4: Service Information Date(s) of Service(s) 12/12/2025 Type of Construction (More than one box may be checked) <input checked="" type="checkbox"/> Slab <input type="checkbox"/> Basement <input type="checkbox"/> Crawl <input type="checkbox"/> Other _____	
Check all that apply: <input checked="" type="checkbox"/> A. Soil Applied Liquid Termicide Domestic EPA Registration No. 53883-229 Brand Name of Termicide: DS Approx. Total Gallons Mix Applied: 450 Treatment completed on exterior: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> B. Wood Applied Liquid Termicide EPA Registration No. _____ Brand Name of Termicide: _____ Approx. Total Gallons Mix Applied: _____ Number of Stations installed _____ <input type="checkbox"/> C. Bait System Installed EPA Registration No. _____ Name of System _____ <input type="checkbox"/> D. Physical Barrier System Installed Attach installation information (required) Name of System _____	
Service Agreement Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: Some state laws require service agreements to be issued. This form does not preempt state law. Attachments (List) 4,505 sf Total Comments RTH Construction	
Certification No. (if required by State law) JF104376 Name of Applicator(s) Timothy Boyer _____ with the product label and state requirements. All materials and methods used comply with state The applicator has used a product in accordance with the product label and state requirements. Conviiction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802) The applicator regulations and federal regulations Authorized Signature PLA _____ Warning: HUD will prosecute false claims and statements.	