

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 existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This burden estimate does not include the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This burden estimate applies to businesses, not to individuals, government agencies, or other entities. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Service, Paperwork Project (0154-0001), Washington, DC 20503.**

Section 24 CFR 200.198(b)(3) requires that the sites for HUD insured must be free of termite hazards. This information collection requires the to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the building infestation for one year. Builders, pest control companies, mortgage lenders, and HUD as a record of treatment for specific homes will use information collected. The information is not considered confidential, therefore, no assurance of confidentiality is provided. The information will be used for program administration, and you are not required to complete this unit, unless it displays a currently

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 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 **P.O. Box 1795**  
 City **Lake City** State **FL** Zip **32056**  
 Company Business License No. **JB182948**  
 Company Phone No. **386-755-3611**  
 FHAVA Case No. (if any)

## Section 2: Builder Information

Company Name IC Construction Phone No. 367-6086

## Section 3: Property Information

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip) 14418 NW Old Mill dr.  
LAKE CITY, FL 32055

## Section 4: Service Information

Date(s) of Service(s) 6-10-2025

Type of Construction (More than one box may be checked) ☒ Slab ☐ Basement ☐ Crawl ☐ Other

Check all that apply:

- ☒ A. Seal Applied Liquid Termiticide  
Brand Name of Termiticide: Termiticide EPA Registration No. 55853-229  
Approx. Dilution (%) 0.5 Approx. Total Gallons Mix Applied: 950 Treatment completed on exterior: ☐ Yes, ☒ No
- ☐ B. Wood Applied Liquid Termiticide  
Brand Name of Termiticide: \_\_\_\_\_ EPA Registration No. \_\_\_\_\_  
Approx. Dilution (%) \_\_\_\_\_ Approx. Total Gallons Mix Applied: \_\_\_\_\_
- ☐ C. Vapor System Installed  
Name of System: \_\_\_\_\_ EPA Registration No. \_\_\_\_\_ Number of Stations Installed: \_\_\_\_\_
- ☐ D. Physical Barrier System Installed  
Name of System: \_\_\_\_\_ Attach installation information (request) \_\_\_\_\_

Service Agreement Available? ☒ Yes ☐ No  
 Note: Some state laws require service agreements to be issued. This form does not preempt state law.

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applicator has used

1. *Chlorophyll a*

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