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

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

	ormation (Pest Control	Company Information)			
Company Name:	PESTMASTER SERVICES OF LAKE CITY				
Company Address	P.O. BOX 2275		City LAKE CITY	State FL	_{Zip} <u>32056</u>
Company Busines	s License No. JB-114	1467	Company Phone No.	386-222-3822	
Section 2: Builder Info	ormation		Ph	one No. 386-867-16	615
Company Name _	JBC BUILDERS		FIII	one no.	
Section 3: Property In	nformation				
Location of Struct	ure (s) Treated (Street A	Address or Legal Descripti	on, City, State and Zip) 910 SW	JAFUS AVE LAKE	E CITY, FL 32024
Section 4: Service Inf	formation				
Date(s) of Service(s)	07/12/23 FINAL 06	/03/24			
	ion (More than one box		Slab Basement C	crawl Other	
Check all that apply:					
	wid Termiticide				
	Premise Pre	Construction EPA Re	egistration No. 432-1331		
Brand Name of 16	ornincide.	roy Total Gallons Mix Apri	lied: 350 Treatment com	pleted on exterior: x	Yes No
		OX. Total Gallons Wilk App			
B. Wood Applied I	_iquid Termiticide	EDA DA	egistration No		
Brand Name of To	ermiticide:	T-1-1 College Mix A	aplied:		
Approx. Dilution (%): Ap	oprox. Total Gallons Mix A	ppiled		
C. Bait system In:	stalled		Number of Sta	ations installed	
Name of System		EPA Registration I	No Number of Sta	ILIONS INSTANCE	_
D Physical Barrie	er System Installed				
Name of System		Attach installation	information (required)		
Service Agreement Av Note: Some state laws	ailable? Ves No	o nents to be issued. This fo	rm does not preempt state law.		
Attachments (List)					
Comments					
	TOMMY HOUK		Certification No. (if require	ed by State law) JF-2	09754
			Certification No. (ii requir		
Name of Applicator(s)	10MM TIGOT	5777 No. 2	I I I I motoria	le and methods USEO CO	omply with state and reder
Name of Applicator(s) The applicator has us regulations.	ed a product in accorda	nce with the product label	and state requirements. All materia	Is and methods used co	omply with state and reder