#### CORPORATE HEADQUARTERS:

FLORIDA
PEST
CONTROL
Since 1949

P.O. BOX 5369 116 N.W. 16TH AVENUE GAINESVILLE, FL 32627-5369

(352) 376-2661 FAX (352) 376-2791

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## SCIENTIFIC PEST CONTROL DIRECTED BY GRADUATE ENTOMOLOGISTS

Complete Pest Control Service Member Florida & National Pest Control Associations

Reply: 536 SE Baya Dr Lake City, FL 32025 Phone (386) 752-1703 Fax (386) 752-0171

F-018693 Ryan & Pam Touchton 8566 SE 245 Road Lake City, Fl. 32025

TERMITE TREATMENT CERTIFICATION

		- 4
Owner:	Permit Number:	
Ryan & Pam Touchton	38869	
Lot:	Block:	
Subdivision:	Street Address:	
	8566 SE 245 <sup>th</sup> Road	
City:	County:	
Lake City	Columbia	
General Contractor:	Area Treated:	
Erkinger Costruction	Dwelling	
Date:	Time:	
04/08/2020		
Name of applicator	Applicator ID Number:	
James Parker	JE55238	
Product Used: Active Ingredient: % Concentration	Number of gallons used:	
Premise: Imidacloprid: 0.05%	250	
Method of termite prevention treatment: Soil treat	ment	

The building has received a complete treatment for the prevention of subterranean termites.

Treatment is in accordance with rules and laws established by the Florida Department of Agriculture and Consumer Services.

This form is proof of complete treatment for Certificate of Occupancy or Closing.

# THIS IS PROOF OF WARRANTY

Warranty and Treatment Certifications Have Been Issued.

Authorized Signature:	Date:
Phille Auld	4/10/2020

### **BRANCHES:**

# 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, unless stated otherwise.		
Section 1: General Information (Pest Control Comp	pany Information)	
Company Name: FLORIDA PEST CONTROL Company Address 536 SE BAYA DR. City Company Business License No. 3460  FHA/VA Case No. (if any)	& CHEMICAL CO.  / LAKE CITY State FLORIDA Zip 32025  Company Phone No. 386-752-1703	
Section 2: Builder Information		
Company Name Erkinger Construction	Phone No. 386-754-5555	
Section 3: Property Information		
Location of Structure (s) Treated (Street Addres	s or Legal Description, City, State and Zip) 8566 SE 245 Rd, Lake City, Fl.32024	
Section 4: Service Information		
Date(s) of Service(s) Type of Construction (More than one box may be che	ecked) Slab Basement Crawl Other	
Approx. Dilution (%): Approx. Total Gallo  C. Bait system Installed  Name of System  D. Physical Barrier System Installed	estration No.  Ins Mix Applied:  EPA Registration No.  Number of Stations installed  Attach installation information (required)	
Name of Applicator(s) James Parker  The applicator has used a product in accordance with regulations.	Certification No. (if required by State law) JE55238 at the product label and state requirements. All materials and methods used comply with state and federal	
Authorized Signature Philly Authorized	Date 4/16/2020	
Warning: HUD will prosecute false claims and statements. C	onviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	