

New Construction Subterranean Termite Service Record

OMB Approval No. 2502-0525
(exp. 05/30/2018)

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 200.926(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 Company Information)

Company Name Agren Pest Control, Inc. P.O. Box 1795
Company Address 18182948
Company Business License No. 3066 State FL Zip 33066
FHA/VA Case No. (if any) 306-754-3611
Company Phone No. 904-677-9610

Section 2: Builder Information

Company Name Elkins Construction Phone No. 904-677-9610

Section 3: Property Information

Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip) Gulf Coast Health Care 10234 NW Prosperity Place Lake City, FL

Section 4: Service Information

Date(s) of Service(s) 4-3-2018 Zone 1
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: 432-1331 EPA Registration No. 1300
Approx. Dilution (%): 0.5
Approx. Total Gallons Mix Applied: 1300
Treatment completed on exterior: ☒ Yes ☐ No

☐ B. Wood Applied Liquid Termiticide
Brand Name of Termiticide: 432-1331 EPA Registration No. 1300
Approx. Dilution (%): 0.5
Approx. Total Gallons Mix Applied: 1300
Treatment completed on exterior: ☒ Yes ☐ No

☐ C. Bait System Installed
Name of System: 432-1331 EPA Registration No. 1300
Approx. Total Gallons Mix Applied: 1300
Treatment completed on exterior: ☒ Yes ☐ No

☐ D. Physical Barrier System Installed
Name of System: 432-1331 EPA Registration No. 1300
Approx. Total Gallons Mix Applied: 1300
Treatment completed on exterior: ☒ Yes ☐ No

Attach installation information (required) 432-1331 EPA Registration No. 1300

Service Agreement Available? ☒ Yes ☐ No

Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List)

Comments

Name of Applicator(s) C. Lacey

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 LM

Date 4-3-2018

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

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, 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 Company Information)

Company Name Aspen Pest Control, Inc. P.O. Box 1785
Company Address JB112940
Company Business License No. 386-755-1011
FHA/VA Case No. (if any) _____
Company Phone No. _____

Section 2: Builder Information

Company Name ELKINS Construction Phone No. 904-677-9610

Section 3: Property Information

Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip) Gulf Coast Healthcare Zone 2
298 SW Prosperity Place
Lake City, Florida 32024

Section 4: Service Information

Date(s) of Service(s) 4-9-2018
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: Termise Approx. Total Gallons Mix Applied: 1600
☐ B. Wood Applied Liquid Termiticide
Brand Name of Termiticide: _____ Approx. Total Gallons Mix Applied: _____
☐ C. Bait System Installed
Name of System: _____
☐ D. Physical Barrier System Installed
Name of System: _____
Attach installation information (required) _____
Service Agreement Available? ☒ Yes ☐ No
Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List) _____
Comments _____
Name of Applicator(s) C. Lacey
Certification No. (if required by State law) JP101576
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 CLM/2
Date 4-9-2018

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)