## **New Construction Subterranean Termite Soil Treatment Record**

OMB Approval No. 2502-0525 (exp. 10/31/2005)

form HUD-NPCA-99-B (04/2003)

This form is completed by the licensed Pest Control Company.

Form NPCA-99-B may still be used

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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 mandatory and 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.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when soil 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 Operator and build	der, unless stated otherwise. #22966
Section 1: General Information (Treating Company Information)	e with a learn attendant to the company of the learning of the company of the com
Company Name: Aspen Pest Control, Inc. Company Address: 301 NW Cols Terrace Company Business License No. 38109476 FHA/VA Case No. (if any)	Company Phone No
Company Name: SAAC CONSTRUCTION	Company Phone No
Section 3: Property Information	
Location of Structure(s) Treated (Street Address or Legal Description,	City, State and Zip) LOT 22 CORRECTONE SID
Type of Construction (More than one box may be checked)  Approximate Depth of Footing: Outside	
Brand Name of Product(s) Used	Linear ft. 257 Linear ft. of Masonry Voids 257
Comments	
Name of Applicator(s)	Certification No. (if required by State law)
Authorized Signature	Date