#### CORPORATE HEADQUARTERS:

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www.flapest.com

# 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

Mr & Mrs Holmes 1680 SW Old Wire Road Lake City, Fl. 32055 F-018792

Name of applicator

James Parker

Product Used: Active Ingredient: % Concentration

Premise: Imidacloprid: 0.05%

TERMITE TREATME	ENT CERTIFICATION
Owner:	Permit Number:
Mr & Mrs Holmes	40166
Lot:	Block:
Subdivision:	Street Address:
	1680 Sw Old Wire Road
City:	County:
Lake City	Columbia
General Contractor:	Area Treated:
Plumb Level Construction	Dwelling
Date:	Time:
12/07/2020	

Applicator ID Number:

Number of gallons used:

12/07/2020

Method of termite prevention treatment: Soil treatment 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.

355

### THIS IS PROOF OF WARRANTY

Authorized Signature:	Date:
Phills Aull	12/9/2020

### **BRANCHES**:

# **New Construction Subterranean Termite Service Record**

OMB Approval No. 2502-0525 (exp. 09/30/2022)

form HUD-NPMA-99-B (08/2008)

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 its 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: FLORIDA PEST CONTROL& CHEMICAL CO.		
Company Address 536 SE BAYA DR. City LAKE CITY State FLOR	RIDA Zip <u>32025</u>	
Company Business License No. 3460	Company Phone No. <u>386-752-1703</u>	
FHA/VA Case No. (if any)		
Section 2: Builder Information		
Company Name Plumb Level Construction	Phone No. 396-792-4061	
Section 3: Property Information		
Location of Structure (s) Treated (Street Address or Legal Description, City	y, State and Zip) 1680 SW Old Wire Road	
Section 4: Service Information		
Date(s) of Service(s) 12/07/2020  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: Premise Preconstruction EPA Registration		
Approx. Dilution (%): 0.10% Approx. Total Gallons Mix Applied: 355	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. Bait system Installed		
Name of System EPA Registration No.	Number of Stations installed	
D. Physical Barrier System Installed	Hamber of Stations installed	
Name of System Attach installation informati	ion (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) James Parker	Certification No. (if required by State law) JE55238	
The applicator has used a product in accordance with the product label and state egulations.	requirements. All materials and methods used comply with state and federal	
Authorized Signature Pulls Authorized Signature	Date 12/9/2020	
Varning: 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)	