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, home buyers, 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)	*	ži.	
Company Name: Aspen Pest Control, Inc.	* K		
Company Address P.O. Box 1795	City Lake City	State FL	Zip 32056
Company Business License No. JB182948	Company Phone No. 3	86-755-3611	
FHAVA Case No. (if any)			
Section 2: Builder Information			
Company Name Juliana Moore		Phone No3	52-231-276
Section 3: Property Information			
Location of Structure (s) Treated (Street Address or Legal Descrip	tion, City, State and Zip)	32 SW Hu ake City	dson Ln FL 32025
Section 4: Service Information			2
Date(s) of Service(s) 11/28/2022		2	
Type of Construction (More than one box may be checked)	Slab 🗆 Basement	☐ Crawl ☐ Other	
Check all that apply:	8		
A. Soil Applied Liquid Termiticide	89		P
Brand Name of Termiticide: Dom, n. on 2L EPA	Perietration No. 5389	22-279	
Approx. Dilution (%): Approx. Total Gallor	s Mix Applied: 100	Treatment completed o	n exterior II Ves M No
☐ B. Wood Applied Liquid Termiticide	is with Applied.	Treatment completed o	Texterior. La res
	Dogistration No.		
Approx. Dilution (%): Approx. Total Gallon	Registration No.		
☐ C. Bait System Installed	s with Applied.		0.0
Name of System EPA Registration N	lo Num	her of Stations installed	
☐ D. Physical Barrier System Installed	Num	bei di Stations mstalled	
Name of System Atta	ch installation information (re	quired\	21.90
Name of SystemAtta	Crinstallation information (re	quireu)	
Service Agreement Available? ☐ Yes ☐ No	a		**
Service Agreement Available? Yes □ No Note: Some state laws require service agreements to be issued.	This form does not preempt s	state law.	
Attachments (List)			27
Attaciments (List)			
Comments 910 st Mono!	thic		
Name of Applicator(s)	Certification N	lo. (if required by State I	aw) JF104376
The applicator has used a product in accordance with the product label	and state requirements. All r	naterials and methods u	sed comply with state
and federal regulations.	*		
01:11 228010	ë		0.0-0
Authorized Signature MA OCC	*	Date ///	28/2072
V			
Warning: HUD will prosecute false claims and statements. Conviction may resu	It in criminal and/or civil penalties	s. (18 U.S.C. 1001, 1010, 1	012: 31 U.S.C. 3729 3802