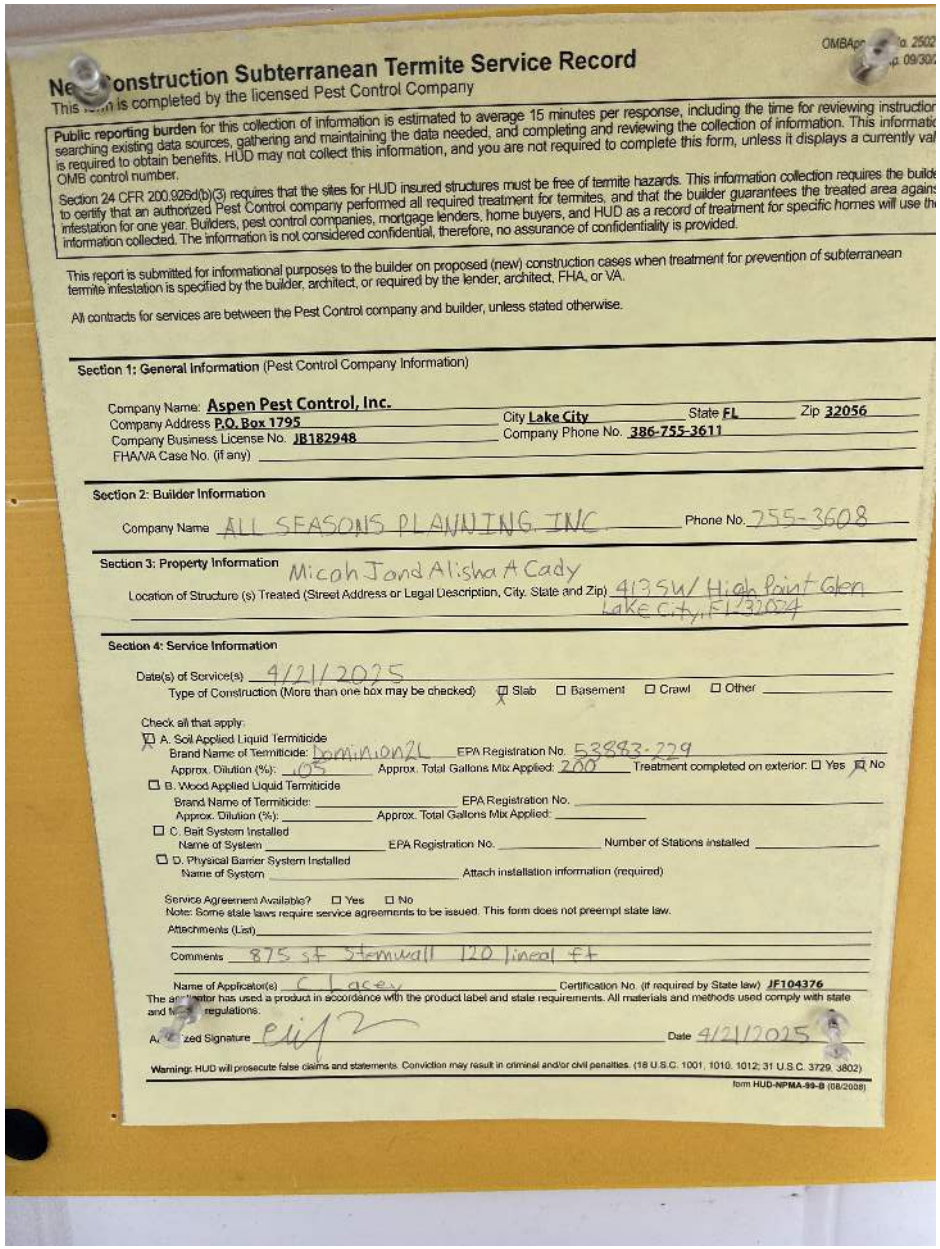

New Construction Subterranean Termite Service Record

OMB Approval No. 2502
Exp. 09/30/2

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 instructio searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This informatio 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 val 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 builde to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area agains infestation for one year. Builders, pest control companies, mortgage lenders, home buyers, and HUD as a record of treatment for specific homes will use th 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.**
Company Address **P.O. Box 1795** City **Lake City** State **FL** Zip **32056**
Company Business License No. **JB182948** Company Phone No. **386-755-3611**
FHA/VA Case No. (if any) _____

Section 2: Builder Information

Company Name ALL SEASONS PLANNING INC Phone No. 755-3608

Section 3: Property Information

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip) Micah J and Alisha A Cady 4135W High Point Glen Lake City, FL 32024

Section 4: Service Information

Date(s) of Service(s) 4/21/2025

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: DominionZL EPA Registration No. 53883-229
Approx. Dilution (%): .05 Approx. Total Gallons Mix Applied: 200 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
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 875 sf Stemwall 120 lineal ft

Name of Applicator(s) C Lasey Certification No. (if required by State law) JF104376

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 _____ Date 4/21/2025

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)

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