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 Confrol, Inc. _____City ____Lake City Company Address P.O. Box 1795 386-755-3511 Company Business License No. 3512248 ____ Company Phone No FHA/VA Case No. (if any) ____ Section 2: Builder Information Company Name Glenwood King Construction Phone No 397-4708 Section 3: Property Information Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip) Section 4: Service Information Date(s) of Service(s) 11/6/13Type of Construction (More than one box may be checked) Check all that apply: A Soil Applied Liquid Termitiçide Brand Name of Termiticide: Midaclop/Id EPA Registration No. 53883-229

Approx. Dilution (%). ______ Approx. Total Gallons Mix Applied. ______ Treatment completed on exterior: _____ Yes ☐ B. Wood Applied Liquid Termiticide Brand Name of Termiticide: ____ __ EPA Registration No. _____ _____ Approx Total Gallons Mix Applied ___ Approx. Dilution (%): _____ ☐ C. Bait System Installed EPA Registration No. ______ Number of Stations Installed _____ Name of System____ D Physical Barrier System Installed Name of System_____ _____ Attach installation information (required) Service Agreement Available? The No. Note. Some state laws require service agreements to be issued. This form does not preempt state law. Attachments (List) _ Comments Certification No. (if required by State law) ___ Name of Applicator(s) <u>J. URQDM</u> 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.

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)