

P.O. BOX 5369 116 N.W. 16TH AVENUE **GAINESVILLE, FL 32627-5369**

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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

F-018947 M/M Menendez 279 SW Sullivan Lane Ft White, Fl. 32038

TERMITE	TREATMENT	CERTIFICATION
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Owner:	Permit Number:
M/M Menendez	42427
Lot:	Block:
Subdivision:	Street Address:
	279 SW Sullivan Lane
City:	County:
Ft White	Columbia
General Contractor:	Area Treated:
Bryan Zecher Construction	Dwelling
Date:	Time:
03/15/2022	
Name of applicator	Applicator ID Number:
Daniel Dietz	JE296713
Product Used: Active Ingredient: % Concentration	Number of gallons used:
Premise: Imidacloprid: 0.05%	390
Method of termite prevention treatment: Soil treat	tment

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.

THIS IS PROOF OF WARRANTY

Warranty and Treatment Certifications Have Been Issued.

Authorized Signature: Date:

BRANCHES:

New Construction Subterranean Termite Service Record

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

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 iis 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 Pe	est Control company and builder, un	less stated otherwise.
Section 1: General Information (Pest Cont	rol Company Information)	
Company Name: FLORIDA PEST CO Company Address 536 SE BAYA DR. Company Business License No. 3460	NTROL& CHEMICAL CO. City LAKE CITY State FLORI	DA Zip <u>32025</u> Company Phone No. <u>386-752-1703</u>
FHA/VA Case No. (if any)		
Section 2: Builder Information		
Company Name Bryan Zecher Construc	tion	Phone No.
Section 3: Property Information		
Location of Structure (s) Treated (Street	Address or Legal Description, City,	State and Zip) 279 SW Sullivan Lane Ft White,Fl.32038
Section 4: Service Information		
Date(s) of Service(s) 03/15/2022 Type of Construction (More than one box may	y be checked) Slab	Basement Crawl Other
Check all that apply:		<u> </u>
A. Soil Applied Liquid Termiticide		
Brand Name of Termiticide: Premise Pre	construction EPA Registration	No. <u>432-1331</u>
Approx. Dilution (%): 0.10% Appr	ox. Total Gallons Mix Applied: 390	Treatment completed on exterior: Yes No
B. Wood Applied Liquid Termiticide		
Brand Name of Termiticide: EP	A Registration No.	
Approx. Dilution (%): Approx. Total	al Gallons Mix Applied:	
C. Bait system Installed	ar Californ With Applied.	
Name of System	EDA Docietation No	N 1 100 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
D. Physical Barrier System Installed	EPA Registration No.	Number of Stations installed
Name of System	Attach installation informatio	n (required)
	Attach installation informatio	n (required)
Service Agreement Available? Yes Note: Some state laws require Service agreem	o ents to be issued. This form does n	ot preempt state law.
Attachments (List)		
Comments		
Name of Applicator(s) Daniel Dietz		
		Certification No. (if required by State law) JE296713
DIA A	ce with the product label and state r	equirements. All materials and methods used comply with state and federal
Authorized Signature	m	pate 3/23/2022
Narning: HUD will prosecute false claims and statem	ents. Conviction may result in criminal a	nd/or civil penalties. (18 U.S.C. 1001, 1010. 1012; 31 U.S.C. 3729, 3802)