## **New Construction Subterranean Termite Service Record**

OMB Approval No. 2502-0525 (exp. 07/31/2027)

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 Contro	ol company and builder, un	less stated otherwise.		
Section 1: General Information (Pest Control Compa	any Information)			
Company Name: Live Oak Pest Control				
Company Address 17856 U.S. 129 South	C	<sub>ity</sub> McAlpin	State FL	<sub>Zip</sub> <u>32062</u>
Company Business License No. JF90767		Company Phone No.	386-362-3887	
FHA/VA Case No. (if any)				
Section 2: Builder Information				
Company Name Bryan Zecher Construction	on	Ph	one No. 386-752-86	53
Section 3: Property Information				
Location of Structure (s) Treated (Street Address	or Legal Description, City	, State and Zip) 979 SW	Hunter Road, Lake	City, FL 32024
Section 4: Service Information				
Date(s) of Service(s) 07/02/2024 12/09/202	24			
Type of Construction (More than one box may be	e checked) Slab	Basement C	rawl	
Check all that apply:				
A. Soil Applied Liquid Termiticide				
Brand Name of Termiticide: Premise	EPA Registration	<sub>on No.</sub> <u>432-1331</u>		
Approx. Dilution (%): .05 Approx. Total			oleted on exterior: 💽 \	′es 🔘 No
B. Wood Applied Liquid Termiticide				
Brand Name of Termiticide:	EPA Registration	on No		
Approx. Dilution (%): Approx. To	otal Gallons Mix Applied:			
C. Bait system Installed				
Name of SystemE	EPA Registration No	Number of Sta	tions 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				
Name of Applicator(s) Lee Wood		Certification No. (if require	d by State law)	
The applicator has used a product in accordance with regulations.	the product label and stat	e requirements. All materials	s and methods used cor	nply with state and federa
Authorized Signature	rilton	Date 12/10/2024		
Warning IIID will appear and ( )			0 4004 4040 4040 01111	2.0.0700.0000)