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

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)		4.1
Company Name: Aspen Pest Control, Inc.			
Company Address P.O. Box 1795	City Lake City	State FI	7in 32056
Company Business License No. JB182948	Company Phone No. 3	886-755-3611	Zip <u>32030</u>
FHAVA Case No. (if any)			
Section 2: Builder Information			
Company Name Sparks construction IN	C.	Phone No. 15	55-9314
Section 3: Property Information	tage to got the te	Secretary Secretary	
Location of Structure (s) Treated (Street Address or Legal Descri	intion City State and Zin) 7-	ILL MINT BLOCK	harry old
Location of Structure (s) Treated (Street Address or Legal Descri-	iption, City, State and Zip)	a city GI 32050	514475
		E CITY, FC DEUD.	3 61 #25
Section 4: Service Information			
Date(s) of Service(s) 2-28-2022			
Type of Construction (More than one box may be checked) Slab 🗆 Basement	☐ Crawl ☐ Other	
Check all that apply:			
		7	
A. Soil Applied Liquid Termiticide Brand Name of Termiticide: Premise EP.	A Registration No. U32_	1331	
Approx. Dilution (%): Approx. Total Gallo	one Mix Applied: / a// ()	Treatment completed a	n autorior II Van Bula
☐ B. Wood Applied Liquid Termiticide	ons with Applica	Treatment completed t	in exterior. Li res ino
Brand Name of Termiticide: EF	PA Registration No.		
Approx. Dilution (%): Approx. Total Gallo	ns Mix Applied:		
□ C. Bait System Installed	500		
Name of System EPA Registration	NoNum	ber of Stations installed	
□ D. Physical Barrier System Installed			_
Name of SystemAtt	tach installation information (re	equired)	
Service Agreement Available? Yes □ No Note: Some state laws require service agreements to be issued Attachments (List)	. This form does not preempt	state law.	
Comments 3,719 sf stemwall, 300	lineal ft		
Name of Applicator(s) C. Laceu The applicator has used a product in accordance with the product lab and federal regulations.	Certification Nel and state requirements. All r		sed comply with state
Authorized Signature Haylu Dupue		Date	28-2022

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)