New Construction Subterranean Termite Service Record

This form is completed by the licensed Pest Control Company.

Form NPCA-99-B may still be used

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OMB Approval No. 2502-0525

form HUD-NPMA-99-B

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 Asnon Post Control Inc. Company Address ______ Box 1705 _____City ____Lake City ___ State ____FL ____ Company Phone No. _____ FHA/VA Case No. (if any) ___ Section 2: Builder Information Company Name _ 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) Type of Construction (More than one box may be checked) Check all that apply: A. Soil Applied Liquid Termiticide Brand Name of Termiticide: ______ EPA Registration No. Approx. Dilution (%): _____ Approx. Total Gallons Mix Applied: _____ 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_____ Number of Stations Installed ____ _____ EPA Registration No. ___ ☐ 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. Comments _ Name of Applicator(s) 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)