

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 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: _____
Company Address _____ City _____ State _____ Zip _____
Company Business License No. _____ Company Phone No. _____
FHA/VA Case No. (if any) _____

Section 2: Builder Information

Company Name _____ Phone No. _____

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) Slab Basement Crawl Other _____

Check all that apply:

A. Soil Applied Liquid Termiteicide

Brand Name of Termiteicide: _____ EPA Registration No. _____

Approx. Dilution (%): _____ Approx. Total Gallons Mix Applied: _____ Treatment completed on exterior: Yes No

B. Wood Applied Liquid Termiteicide

Brand Name of Termiteicide: _____ EPA Registration No. _____

Approx. Dilution (%): _____ Approx. Total Gallons Mix Applied: _____

C. Bait system Installed

Name of System _____ EPA Registration No. _____ Number of Stations installed _____

D. Physical Barrier System Installed

Name of System _____ Attach installation information (required)

Service Agreement Available? Yes No

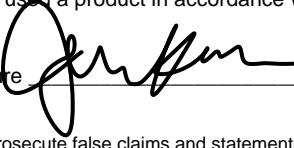
Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List) _____

Comments _____

Name of Applicator(s) _____ Certification No. (if required by State law) _____

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.

Authorized Signature  Date _____

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)