

New Construction Subterranean Termite Soil Treatment Record

OMB Approval No. 2502-0525
(exp. 11/30/2008)

This form is completed by the licensed Pest Control Company

Public reporting burden for the 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 mandatory and 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.B20d(b)(3) required 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.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when soil 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 Operator and builder, unless stated otherwise.

Section 1: General Information (Treating Company Information)

Company Name: **ABC Pest Group**
Company Address: **30 West Main Street** City: **Carmel** State: **IN** Zip: **46032**
Company Business License No. **1234567890** Company Phone No. **(999) 555-0000**
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):

Address: **250 Colton Ave** City: **Fishers** State: **IN** Zip: **46038**

Type of Construction: (More than one box may be checked) Slab Basement Crawl Other _____

Approximate Depth of Footing: Outside: _____ Inside: _____ Type of Fill: _____

Section 4: Treatment Information

Date(s) of Treatment(s): _____

Brand Name of Product(s) Used: _____

EPA Registration No. _____

Approximate Final Mix Solution %: _____

Approximate Size of Treatment Area: Sq. ft.: _____ Linear ft.: _____ Linear ft. of Masonry Voids: _____

Approximate Total Gallons of Solution Applied: _____

Was treatment completed on exterior? Yes No

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): **Sam Eagleye**

Certification No. (If required by State law) **123456**

The applicator has used a product in accordance with the product label and state requirements. All treatment material 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)