New Construction Subterranean Termite Service Record

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 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 ____________________________ 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)

Form NPCA-99-B may still be used