New Construction Subterranean Termite Service Record

OMB Approval No. 2502-0525
(exp. 07/31/2027)

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. 24 CFR § 200.926d(b)(3) requires that the sites for HUD-insured structures must be free of termite hazards. This form requires a licensed Pest Control company to send to the builder as a record of specific treatment information for the prevention of termites. Builders, pest control companies, lenders, homebuyers, and HUD will use the information collected as a record of termite treatment for specific homes.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street SW, Room 4176, Washington, DC 20410–5000. When providing comments, please refer to OMB Control No 2502–0525.

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 the Department of Veterans Affairs (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 Code: _____

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 space ☐ 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.

I/We, the undersigned, certify under penalty of perjury that the information provided on this form and in any accompanying documentation is true and accurate.

Authorized Signature: _____ Date: _____

WARNING: Anyone who knowingly submits a false claim, or makes false statements is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, and 1014; 31 U.S.C. §§ 3729, 3802).

Oklahoma Pretreat Labels

Our own page, not part of form HUD-NPMA-99-B. Labels and records for OAC 35:30-17-73 and -74.

Stub-out tag, liquid pretreatment

OAC 35:30-17-73(b)(6)

Immediately after completion of treatment to the main slab area, affix to one of the stubouts in an area which will be readily accessible.

TERMITE PRETREATMENT

Company: _____

Date of treatment: _____

Termiticide used: _____

Stub-out tag, baiting system

OAC 35:30-17-73(h)

Before the concrete slab is poured, affix to one of the stub outs in an area which is readily accessible.

TERMITE BAITING SYSTEM SITE

Company: _____

Baiting system to be installed: _____

Borate stickers, new construction

OAC 35:30-17-74(c) and (d)

One readily visible near the front entrance. One on a stud in the attic readily visible within 5 feet of the attic access.

TERMITE TREATMENT: FRONT ENTRANCE

Applicator company: _____

Application date: _____

Termiticide: _____

Do not Remove

TERMITE TREATMENT: ATTIC

Applicator company: _____

Application date: _____

Termiticide: _____

Do not Remove

Where the labels went

Stub-out tag placed at: _____

Baiting system tag placed at: _____

Front entrance label placed at: _____

Attic label placed at: _____

Outside foundation treatment

OAC 35:30-17-73(d)(1)

Treated after the final grade has been established, “within 30 days of notification of completion of landscaping or one year from the date of completion of construction, whichever comes first.”

Landscaping completion notice received: _____

Construction completed: _____

Treat by: _____

Date treated: _____

Linear feet treated: _____

Gallons of mix applied: _____

Method: ☐ Trench ☐ Trench and rod ☐ Rod only (stated in contract)