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due 2/19/07

New Construction Subterranean Termite Soil Treatment Record

OMB Approval No. 2502-0525 (exp. 10/31/2005)

Box 778-9360

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 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 200.829d(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.

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: Praying Mantis Termite & Pest Control

Company Address: PO Box 112498 City: Prescott State: AZ Zip: 86304

Company Business License No.: 816A Company Phone No.: 928-708-9800

FHAVA Case No. (if any): _____

Section 2: Builder Information

Company Name: HR Quality Homes Phone No.: _____

Section 3: Property Information

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip): 11105 Patagonia Ct. Prescott Valley AZ 86314

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

Approximate Depth of Footing: Outside 1' Inside _____ Type of Fill _____

Section 4: Treatment Information

Date(s) of Treatment(s): 2-16-07 11:15 - 12:00 Serial

Brand Name of Product(s) Used: G-Pro

EPA Registration No.: 70506-19

Approximate Final Mix Solution %: 2.5%

Approximate Size of Treatment Area: Sq. ft. _____ Linear ft. 741 Linear ft. of Masonry Voids _____

Approximate Total Gallons of Solution Applied: 56

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) Mack Flick

Certification No. (if required by State law) 030249

The applicator has used a product in accordance with the product label and state requirements. All treatment materials and methods used comply with state and federal regulations.

Authorized Signature: [Signature] Date: 2-16-07

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (15 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802)