

# WOODSMOKE REDUCTION PROGRAM VOUCHER TRACKING FORM



This form is to be completed by participating retailers and sent to:  
Lake County Air Quality Management District

Date: \_\_\_\_\_ Voucher #: \_\_\_\_\_ Building Permit #: \_\_\_\_\_

Customer's Name: \_\_\_\_\_

## **New Device**

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

New Stove Type:    Wood ☐    Natural Gas ☐    Propane ☐    Electric ☐

Retailer Name: \_\_\_\_\_ Phone \_\_\_\_\_

Retailer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **Installation**

Name of Licensed Installer: \_\_\_\_\_ License #: \_\_\_\_\_

## **Old Non-EPA Certified Wood Stove**

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Year Manufactured / Approximate Age (years): \_\_\_\_\_

## **Please confirm the following by initialing each item:**

\_\_\_\_\_ I certify that the old device was **not** EPA-certified.

\_\_\_\_\_ I certify that the old device was in working condition prior to replacement.

\_\_\_\_\_ I certify that the installed device was new and EPA-certified (if wood).

\_\_\_\_\_ I certify that the applicant received training on proper wood storage and wood burning practices (if applicable) and device operation and maintenance.

**Recycling (for Replacement Projects):**

Residence where stove was removed from:

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Name of person delivering old stove to recycler: \_\_\_\_\_

**Please confirm the following by initialing each item:**

\_\_\_\_\_ I certify that the old wood stove has been removed from the residence.

\_\_\_\_\_ I certify that the old wood stove's doors have been removed and hinges destroyed prior to the stove's release to a recycling facility.

\_\_\_\_\_ I certify that the old wood stove has been released to a recycling facility and that the stove is to be destroyed (recycler to sign Recycler Certification Form).

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I certify that the information contained on this tracking form is accurate and the form is completely filled out. I also agree that I must meet the program requirements and be a participating retailer in order to receive reimbursement from the Lake County Air Quality Management District, in Lakeport, California. This form must be submitted with **ALL** sections completed along with the rebate voucher, a copy of the in-home estimate and final invoice, recycler certification form, acknowledgement of training form, building permit, and photograph of stove **prior** to removing it **AND** of newly **installed** hearth appliance in order to receive reimbursement.

Name of Participating Retailer Representative: \_\_\_\_\_

**Signature:** \_\_\_\_\_

To assure quick processing, please make sure you send all items listed.

**Checklist:**

- ☐ Voucher signed and enclosed
- ☐ Pre and post installation photos
- ☐ Copy of in-home estimate
- ☐ Copy of final invoice
- ☐ Recycler Certification Form
- ☐ Acknowledgement of training form
- ☐ Your signature (on this form)
- ☐ Building Permit

Mail or drop off original documents to:  
Lake County Air Quality Management District  
2617 S. Main St.  
Lakeport, CA 95453