



# WOODSMOKE REDUCTION PROGRAM VOUCHER TRACKING FORM



This form is to be completed by the Participating Retailers and sent to:  
Peter Angelonides, Air Quality Planner  
Feather River AQMD  
541 Washington Avenue  
Yuba City, CA 95991

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

Customer's Name: \_\_\_\_\_ HUD Permit?  Yes  No

### **New Device**

Manufacturer: \_\_\_\_\_ Emissions Rate (g/h): \_\_\_\_\_

Model: \_\_\_\_\_ Heating Efficiency (%): \_\_\_\_\_

New Stove Type:  Wood (catalytic)  Wood (hybrid)  Wood (non-catalytic\*)

Electric Stove  Electric Heat Pump  Pellet

\*Non-catalytic stove must be allowed in Table 1 of the State Program Guidelines.

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

### **Installation**

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

Date Work Completed: \_\_\_\_\_ License Class: \_\_\_\_\_

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

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

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

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

Please initial the following statement:

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

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

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

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

**Recycling (for Replacement Projects):**

Residence where stove was removed from:

Customer: \_\_\_\_\_

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

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

Please initial the following statements as proof of completion:

I certify that the old wood stove has been removed from the residence.      \_\_\_\_ Yes      \_\_\_\_ N/A

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:      \_\_\_\_ Yes      \_\_\_\_ N/A

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):      \_\_\_\_ Yes      \_\_\_\_ N/A

\*\*\*\*\*

I certify that the information contained on this tracking form is accurate and the form is completely filled out. I am a Participating Retailer and agree that I must meet the program requirements in order to receive reimbursement from the Feather River Air Quality Management District, in Yuba City, California. This form must be submitted with **ALL** sections completed along with the completed voucher, a copy of the in-home estimate and final invoice, recycler certification form, acknowledgement of training form, building permit with proof of final inspection, 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:** \_\_\_\_\_      **Date:** \_\_\_\_\_

To ensure 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 w/ Proof of Final Inspection
- Retention of Existing Wood-Burning Device Certification (heat pump projects only)