

WOODSMOKE REDUCTION PROGRAM VOUCHER TRACKING FORM



This form is to be completed by the Participating Retailers and sent to:
Shasta County AQMD
airquality@co.shasta.ca.us
1855 Placer Street, Suite 101
Redding, CA 96001

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 (non-catalytic*) Pellet

Electric Stove Electric Heat Pump

*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 statements:

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 filled out completely. I am a Participating Retailer and agree that I must meet the Program requirements to receive reimbursement from the Shasta County Air Quality Management District, in Redding, 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 to receive reimbursement.

Name of Participating Retailer Representative: _____

Signature: _____ **Date:** _____

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

Checklist:

- Original Voucher signed and enclosed
- Pre and post installation photos
- Copy of in-home estimate
- Copy of final itemized 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)

Mail or drop off **original** documents to:
 Shasta County Air Quality Management District
 Attn: Rob Stahl, Air Quality District Manager
 1855 Placer Street, Suite 101
 Redding, CA 96001