

# WOODSMOKE REDUCTION PROGRAM RECYCLER CERTIFICATION FORM



Voucher Number: \_\_\_\_\_

Name of Homeowner: \_\_\_\_\_

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

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## For Completion by Recycler:

Date: \_\_\_\_\_

Make and Model # of Stove delivered for recycling:

\_\_\_\_\_  
I certify that this stove was delivered to:

\_\_\_\_\_  
Name of Recycler

and will be destroyed, rendered usable only as scrap and recycled.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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