WOODSMOKE REDUCTION PROGRAM VOUCHER TRACKING FORM





This form is to be completed by the Participating Retailers and sent to:
Alicia Helfrick, Air Pollution Control Specialist II
Tehama County Air Pollution Control District
PO Box 1169 | 1834 Walnut Street
Red Bluff, CA 96080

| Date: | Voucher #: Building Permit #: | | | | |
|---|-------------------------------|-------------------------|-----------------------|------------------|------------|
| Customer's Name: | | | HUD F | Permit? □Yes | □No |
| New Device | | | | | |
| Manufacturer: | | | Emissions Rate (g/h): | | |
| Model: | | | | Heating Efficien | ıcy (%): |
| New Stove Type: | □Wood (catalytic) | □Wood (non-cataly | tic*) [| □Pellet | |
| | □Electric Stove | □Electric Heat Pun | np | | |
| *Non-catalytic stove n | nust be allowed in Table 1 | of the State Program Gu | idelines. | | |
| Retailer Name: Pho | | | one | | |
| | | | | | |
| <u>Installation</u> | | | | | |
| Name of Licensed Installer: | | | ense #:_ | | |
| Date Work Completed: | | | icense Class: | | |
| Old Non-EPA Certi | ified Wood Stove | | | | |
| Manufacturer: | | | | | |
| Model: | | | | | |
| Year Manufactured | / Approximate Age (year | rs): | | | |
| Please initial the foll | lowing statement: | | | | |
| I certify that the old device was not EPA-certified. | | | | Ye | es |
| I certify that the old device was in working condition prior to replacement | | | ment. | Ye | es |
| I certify that the installed device was new and EPA-certified (if wood). | | | | Ye | es |
| I certify that the app | licant received training o | n proper wood storage | and wo | ood burning prac | ctices (if |
| applicable) and device operation and maintenance. | | | | Ye | es |

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 ____ N/A to a recycling facility: Yes 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 **************** 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 Tehama County Air Pollution Control District in Red Bluff, 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: Mail or drop off original documents to: ☐ Voucher signed and enclosed Alicia Helfrick, Air Pollution Control Specialist II ☐ Pre and post installation photos Tehama County Air Pollution Control District ☐ Copy of in-home estimate PO Box 1169 | 1834 Walnut Street ☐ Copy of final invoice Red Bluff, CA 96080 ☐ 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)