

# WOODSMOKE REDUCTION PROGRAM VOUCHER TRACKING FORM



This form is to be completed by the Participating Retailers and sent to:  
Jason Mandly, Senior Air Quality Planner  
Butte County AQMD  
629 Entler Avenue, Suite 15  
Chico, CA 95928

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 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

