



### Wood Smoke Reduction Incentive Program Contractor Certification Form

This form must be completed and signed by the contractor who performed work for the project listed above. The Property Owner must submit a copy of this signed form along with his/her request for reimbursement.

#### **PART 1: Contractor Business Information**

Business Name: \_\_\_\_\_

Name of Person(s) Who Performed Work: \_\_\_\_\_

CA Contractor License Number: \_\_\_\_\_

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

City: _____	State: _____	ZIP: _____
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Phone Number: \_\_\_\_\_

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

#### **PART 2: Property Where Work Was Performed**

Property Owner Name: \_\_\_\_\_

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

City: _____	State: _____	ZIP: _____
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#### **PART 3: Type of Device Removed or Replaced (check one):**

- Operable Open Hearth Fireplace                       Operable Fireplace Insert
- Operable Wood-burning stove, Make and Model (if known): \_\_\_\_\_

#### **PART 4: Type of Replacement Device Installed (check one):**

Free standing heating stove:  Natural Gas  Propane  Electric Heat Pump

Fireplace Insert:  Natural Gas  Propane  N/A (a fireplace or wood-burning stove was decommissioned)

Make and Model of new device (if known): \_\_\_\_\_

Was a permit required?  yes  no (note: if yes, Property Owner must provide a copy of the permit)

Was this work done as part of a remodel project?  yes  no

#### **I, the Contractor, certify the following:**

- I am a licensed contractor in the State of California and I performed the work that is described above.
- If I removed a wood-burning stove or fireplace insert, it was disposed of at a recycling facility and a scrapage receipt was obtained.
- I understand that the Property Owner will forfeit his/her award if I provide the Air District with false information or if the installation was done as part of a new construction.

Contractor Signature _____	Date _____
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