



EASTERN KERN AIR POLLUTION CONTROL DISTRICT
 2700 "M" STREET SUITE 302, BAKERSFIELD, CA 93301-2370
 PHONE: (661) 862-5250 • FAX: (661) 862-5251 • www.kernair.org



**WOODSMOKE REDUCTION PROGRAM
 2022 RETAILER CLAIM FOR PAYMENT**

This form is to be completed by participating retailers and sent to:
 Eastern Kern Air Pollution Control District

Customer

Customer Name:		
Address:		
City:	CA	ZIP:
Voucher #:	Building Permit #:	

Retailer

Retailer Name:		Phone:
Retailer Address:		
City:	CA	ZIP:
Name of Licensed Installer:		
License #:	Date Work Completed:	

New Device

Manufacturer:	Emissions Rate (g/h):		
Model:	Heating Efficiency (%):		
New Stove Type:	Wood (catalytic)	Wood (non-catalytic)	
	Pellet	Natural Gas	Propane
			Electric

Old Device Replaced

Manufacturer:
Model:
Year Manufactured / Approximate Age (years):
Name of person delivering old stove to recycler:

DATE RECEIVED	Validation (for EKAPCD use)
	Eligible for Funding: _____
	Voucher Amount: _____
	Date: _____

Please initial the following statements:

I certify that the old device was not EPA-certified:	
I certify that the old device was in working condition prior to replacement:	
I certify that the installed device is new and EPA-certified (if wood):	
I certify that the applicant received training on proper wood storage and wood burning practices (if applicable) and device operation and maintenance:	
I certify that the old wood stove has been removed from the residence:	
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:	
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):	

I certify that the information contained on this Retailer Claim for Payment is accurate and the form is completely filled out. I also agree that I must meet the program requirements and be a participating retailer in order to receive reimbursement from the Eastern Kern APCD. This form must be submitted with **ALL** sections completed along with the original voucher, a copy of the in-home estimate and final invoice, recycler certification form, acknowledgement of training form, building permit, and photograph of stove prior to removing it and of newly installed hearth appliance in order to receive reimbursement.

Name of Retailer Representative: _____

Signature: _____ **Date:** _____

To assure quick processing, please send all items listed with your completed Claim for Payment form.

Reimbursement Checklist:

- Completed Claim for Payment Form
- Original Voucher
- Pre and Post Installation Photos
- Copy of In-home Estimate
- Copy of Final Customer Invoice
- Copy of Building Permit
- Recycler Certification Form
- Acknowledgement of Training Form

Mail or drop off original documents to:
 Eastern Kern APCD
 2700 "M" Street, Suite 302
 Bakersfield, CA 93301