



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



**WOODSMOKE REDUCTION PROGRAM
 2025 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 or Insert Type:	Wood (catalytic)	Wood (non-catalytic)
	Pellet	Electric

Old Device Replaced (Complete applicable sections if known)

Manufacturer:
Model:
Year Manufactured or 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 new installed device is 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 woodstove has been removed from the residence:	
I certify that the old woodstove’s doors have been removed and hinges destroyed prior to the stove’s release to a recycling facility:	
I certify that the old woodstove has been released to a recycling facility and that the stove will 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 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 photos of the newly installed heating 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 (if applicable)
- Recycler Certification Form (if applicable)
- Acknowledgement of Training Form

Mail or drop off original documents to:

Eastern Kern APCD
2700 “M” Street, Suite 302
Bakersfield, CA 93301

Eligible Non-Catalytic Woodstoves (These are the only eligible non-catalytic woodstoves)

Non-Catalytic Woodstove	Model Name	Annual Emission Rate (grams/hr)
Energy Distribution	Invicta Group: Kazan, Kazan GA, Kiara, and Kiara GA	1.8
Energy Distribution	Gaya Ardoise, Itaya, Onyx, Gaya Feuille, Symphonia, Antaya, Theia, Akan	1.9
HHT/Hearth and Home Tech	21M-ACC-C, Discovery-1-C	1.7
Hearth and Home Technologies	Quadra Fire Expedition II and Vermont Castings Montpelier II	1.8