



Project Number: 16WS _____

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 Contractor(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 / Description of work performed (if decommissioning) _____

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

Date work was started _____. Date work was completed _____

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

I, the Contractor, certify the following:

1. I am a licensed contractor in the State of California and I performed the work that is described above.
2. If I removed a wood-burning stove or fireplace insert, it was disposed of at a recycling facility and a scrappage receipt was obtained.
3. 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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Homeowner – Upload a copy of this signed form along with your request for reimbursement