



VOUCHER APPLICATION - Phase 1

All fields below are required unless otherwise indicated. Submitting an incomplete application will delay the processing of your application.

| | First and Last Name | | | | | | |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------|--|
| APPLICANT INFORMATION | | | | | | | |
| | Mailing Address | | City | City | | Zip Code | |
| | Physical Address (If different from above) | | City | City | | Zip Code | |
| | Device Address (If different from above) | | City | City | | Zip Code | |
| | County of Device Address (check one) | | | | | | |
| | San Joaquin Stanislaus Merced Madera Fresno Kings Tulare Kern (Valley portion) | | | | | | |
| | Primary Phone (required) | E-mail Address (optional) | - | if you prefer to hav | | | |
| | Applicant Status (check one) I am the homeowner/property owner purchasing for "Device Address" above. | ng for "Device Denal docs req.) | | | | | |
| OLD DEVICE INFO | ESTIMATED ANNUAL WOOD OR PELLET USAGE OF OLD DEVICE (check of Approximate Wood Usage in cords: 1/4 1/2 1 2 3 4 5 Approximate Pellet Usage in pounds (lbs): 500 1000 1500 2000 3000 4000 OLD DEVICE TYPE (check one) NOTE: Older gas burning devices and elect Wood Pellet Certified insert Certified insert On certified insert Non-certified insert Non-certified insert Preestanding certified stove Freestanding certified stove Freestanding non-certified Does the house have access to piped natural gas? Yes Non | | | If more than 5, identify here: 5000 If more than 5000, identify here: trice heating devices are ineligible for this program Other Open-hearth fireplace Open-burning firebox ove ed stove | | | |
| NEW DEVICE INFO | NEW DEVICE TYPE (check only one under HC HOT SPOT New Device Options New devices that are installed in residential proper piped-in natural gas in Madera, Fresno or Kern Cou Gas Electric Insert I Hea Freestanding stove Fireplace (Make and Model Required) Make: Model: | ties that have access to nty. t Pump | TANDARD New D | stalled in non-hot spo that do not have acce ertified stove | ess to piped- llet Certifiec | l insert ding certified stove | |



RETAILER INFO

PHOTOS

San Joaquin Valley AIR POLLUTION CONTROL DISTRICT

Applicants may visit any retailer participating in the Burn Cleaner program and are not required to choose a retailer at the time of application. If you are working with a retailer, please provide their information below. The District may contact the retailer you listed below regarding your application.

Retailer Name

Sales Representative

Two pre-installation photos are required with this application.

Photo 1 - Must show the inside of the unmodified device/hearth, with all doors/screens open.

Photo 2 - Must be taken from floor to ceiling to show the old device/hearth with all original parts intact and surrounding structures.

See Voucher Guidelines for more information.

Photo Samples (DO NOT FAX)





www.valleyair.org/burncleaner

Photo

By signing this application, I certify that I have read, understand and will adhere to the Burn Cleaner Program Voucher Guidelines and agree to all the following:

- I understand that self-installation is not allowed and the installation of the new device must be conducted by the contracted retailer; a third-party contractor under the approval and supervision of the retailer; or by a certified technician that is pre-approved by the District.
- I understand that submission of this voucher application **does not guarantee** incentive funding for the new device.
- I understand that it is my responsibility to verify that the new device is eliaible under the program guidelines. New wood or pellet devices must be on the current list of EPA Certified Wood Heaters and new gas fireplaces must meet ANSI z21.88/CSA2.33.
- I will be removing an operable old device or modifying an open hearth fireplace at the device address specified on this voucher application.
- If applicable, I agree to surrender my old device to a licensed recycling/dismantling facility or to the participating retailer to dispose of at a licensed recycling/dismantling facility within 90 days of installation of the new device. If I undertake the responsibility of disposing my old device, I agree to submit a dated receipt and certification from the dismantler/recycler that my old device will be permanently destroyed.
- I understand that if I install the new device in a location other than what is identified in the pre-installation photos at the device address, I must first contact District staff to receive approval and I must still render the old device permanently inoperable. At the time of claim, where I will be seeking reimbursement for the completion of my project, I will be required to provide additional documentation, such as additional photos, to confirm that the location of the old device can no longer service a wood-burning device.
- I understand that the selection of a Burn Cleaner retailer is completely my choice and the District does not endorse, or is not in partnership with any Burn Cleaner program retailers or installers and any such issues arising from the purchase or installation of the new device is between the applicant and the retailer or installer. The District will not be held liable for any circumstances or events that occur between the applicant and retailer or installer. Participating retailers are independent contractors; they are not officers, representatives, agents, servants, employees, partners, associates, etc. of the District.
- I understand that this is a reimbursement program and I will not be reimbursed until the new unit is paid in full, completely installed, and a complete Claim for Payment packet is submitted to the District. For low-income applicants who are eligible for the Instant Reduction option, please see page 2 of the Voucher Guidelines for payment processing.
- I have not made any non-refundable payments towards the purchase of the new device or disassembled my old device, and will not install the new device until I have received an approved voucher from the District.

Printed Name of Applicant Applicant Signature (electronic signatures not accepted) When complete, please submit your application packet via mail, **CHECKLIST - Phase 1** You are almost done! email or fax to the Valley Air District: Please submit the following with this Mail San Joaquin Valley Air Pollution Control District application for consideration: Attention: Burn Cleaner Staff Two Pre-installation photos (choose one) 1990 East Gettysburg Ave., Fresno, Ca 93726-0244 Attached to App. Emailed Sent by Retailer **E-mail** grants@valleyair.org (Subject line must identify your name and device address) If applicable, Low-Income Documents Fax (559) 230-6112 (Faxed photos are not accepted) If applicable, Standard Tenant Documents Questions? (559) 230-5800

Register Your New Device!

After you have installed your new wood or pellet device, take advantage of more burn days by registering it at www.valleyair.org/CBYBregistration. (Does not apply to gas only or electric devices)

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Date