



Voucher Application
Wood Burning Appliance Change out Incentive Program
September, 2009 through March 31, 2010

Name: _____

Daytime Phone:(_____) _____ Evening Phone:(_____) _____

Mailing Address: _____ City _____ Zip _____

Physical Address where existing wood stove is to be removed/new stove to be installed:
_____ City _____ Zip _____

E-Mail Address: _____

Retailer removing/retrofitting old stove or fireplace and installing new appliance/insert if known:

Type of appliance being retrofitted or replaced: (check one):

Freestanding Uncertified Wood Stove Uncertified Wood Burning Fireplace Insert
 Masonry/ Open Hearth Fireplace Zero Clearance Fireplace
Uncertified Wood Stove or Insert or Zero-Clearance = Manufactured prior to July 1, 1990

Appliance to be installed: __Wood burning Stove __Pellet __Zero Clearance __Insert __Gas __ Electric

How did you find out about the District's Woodstove Change out Program? _____

I certify the following:

1. I will be removing an operable non-EPA certified wood stove, fireplace insert or zero clearance fireplace or retrofitting a masonry/open hearth fireplace in my residence or business.
2. I am a property owner in San Luis Obispo County and the legal owner of the Wood Burning Appliance, stove or fireplace, which is being replaced or retrofitted.
3. I understand funding for the voucher system is first-come, first-served. The voucher will only be valid for three (3) weeks (21 days) from date of issue. Within that three-week period, I will make a commitment to purchase an EPA Phase II/District approved appliance from a retailer and forward to the District the completed Purchase Agreement Form with a copy of the signed contract agreement or sales receipt attached to the form. (No purchase can be made without a valid voucher from the Air District)
4. I understand that I will forfeit my voucher if I provide the District with false information or if the required information is not submitted to the District within three weeks of the issue date listed on the voucher. I understand I may reapply if the three weeks elapses, but my place in line for the first-come, first serve incentive is not held.
5. I will provide District staff access to my residence to inspect the device for compliance with program requirements, if requested. I understand that the District will provide not less than 2 calendar days notice prior to this inspection.
6. I understand that the appliance being replaced must be rendered inoperable.

Applicant Signature: _____ Date _____

Return to: **San Luis Obispo County Air Pollution Control District**
 Attn: Wood Burning Appliance Change-Out Incentive Program
 3433 Roberto Court
 San Luis Obispo, CA 93401
 Fax: 805.781.1002 Ph. 805.781.5912

For more information contact the District at (805) 781-5912

For Official Use Only: Voucher Number _____

