





VOUCHER APPLICATION - Phase 1

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

	First and Last Name							
APPLICANT INFORMATION	Mailing Address		City		State	Zip Code		
	Device Address (If different from above)		City	City		Zip Code		
	County of Device (check one) San Joaquin Stanislaus Merced Madera Fresno Kings Tulare Kern (Valley portion)							
	Primary Phone (required)	E-mail Address (optiona	l) 🗌 Check here if	you prefer to have	your vou	cher emailed		
	Applicant Status (check one) I am the homeowner/property owner purchasing for "Device Address" above.	Applicant Type (check one) asing for "Device Standard Application Low-Income Application (Low-Income Eligibility Form Req.)						
	Old Device Type (check one) Note: Older gas burning devices and electric heating devices are ineligible for this program							
Ö	Wood Pe		let		Other			
OLD DEVICE INFO	 ☐ Certified insert ☐ Non-certified insert ☐ Freestanding certified stove ☐ Freestanding non-certified stove ☐ Freestanding non-certified stove 		nsert 🔲 Wood-bi		earth fireplace ourning firebox			
	Does the house have access to piped natural gas? Yes No Your house has access to piped natural gas if your gas services are provided by a utility company, and does not rely solely on gas that is purchased and stored in a propane tank.							
	CHECK ONE OPTION ONLY							
	OPTION 1: Fireplace Replacement, I want to replace or modify my old device with the purchase and installation of a new device							
	New Device Type (check only one based on whether the house has access to piped natural gas)							
	Options for Houses WITH Piped Natural Gas		Options for Houses WITHOUT Piped		Natural Gas			
PROJECT OPTIONS	Freestanding stove Duc	ed-Packaged Unit	od Certified insert Freestanding certi		ertified	insert ling certified stove		
	Fireplace Duct (Make and Model Required) Duct Make: Model:		Insert Freestanding stov Fireplace (Make and Model Requ Make: Model:	re	t Pump (s Oucted-P	Select Type) ackaged Unit olit System		
	OPTION 2: Fireplace Decommissioning, I want to permanently render my existing old wood-burning device inoperable without purchasing a new device (Must Submit a Fireplace Decommissioning Form as part of this application)							





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

PHOTOS

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 that will clearly distinguish the location of the fireplace in the room.

If you intend to purchase an electric heat pump, or participate in the fireplace decommissioning option, additional photos will be required. See Voucher Guidelines for more information.

Photo Samples (DO NOT FAX)





Photo 1 Photo 2

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 the installation of a new device must be conducted by the contracted Retailer, where new device was purchased, or a third-party contractor affiliated with that Retailer and under their direct supervision. Self-installation, installation by non-licensed contractor or a third-party contractor not affiliated with that Retailer is not eligible under this program.
- 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 eligible 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 destroved.
- 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 accommodate 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		Date	
Please make sure you submit the following: Two Pre-installation photos (choose one) Attached to App. Emailed Sent by Retailer	Mail	omplete application packet via mail, email or fax at: San Joaquin Valley Air Pollution Control District Attention: Burn Cleaner Staff 1990 East Gettysburg Ave., Fresno, Ca 93726-0244		
☐ If applicable, Low-Income Documents ☐ If applicable, Standard Tenant Documents	E-mail	grants@valleyair.org (Subject line must identify your name and o	device address)	

Questions? (559) 230-5800

Fax (559) 230-6112 (Faxed photos are not accepted)

If applicable, required photos for electric heat

If applicable, Fireplace Decommissioning Form

pump project (see Voucher Guidelines)