



**North Coast Unified
Air Quality Management District**
707 L Street, Eureka, CA 95501
(707) 443-3093
www.ncuaqmd.org



**Woodsmoke Reduction Pilot Program
Installer Certification Form**

To be completed by licensed installer

Grantee Name:	Voucher Number:
Name of Installer:	License Number:
Installer Mailing Address (include City, State, and Zip code):	
Installer Phone Number:	Date(s) of Installation:
Existing Device - Brand, type, and year of manufacture (or best description) to be removed:	
Replacement Device (MUST be EXACT MAKE and MODEL on Application Part A):	

The Replacement Device listed above has been installed in accordance with all California guidelines and standards. The Replacement Device listed above has been installed in accordance with manufactures' specifications and requirements. A receipt/invoice for the installation of the device has been provided to the Grantee. I certify that the above stated information is true and correct:

Signature of Licensed Installer

Date: _____