



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



**Woodsmoke Reduction Pilot Program
Certificate of Proper Disposal**

To be completed by the scrap/salvage yard or recycler

Grantee Name:	Voucher Number:
Name of Disposal Recycler:	
Scrapper/Recycler Address (include City, State and zip code):	
Wood Burning Device Disposed /Recycled (Specify MAKE and MODEL if available or best description):	

The wood heating device and/or pieces of the wood-burning device (fireplace insert) received for disposal/recycling have been rendered inoperable and will not be used as a wood heating device in California again. The unit will only be resold as scrap metal or properly disposed of in an approved landfill. Receipt of disposal has been provided to the Grantee. I certify that the above stated information is true and correct:

Signature of Recycler

Date: _____