



WOODSMOKE REDUCTION PROGRAM

CERTIFICATE OF PROPER DISPOSAL



(To be completed by the salvage yard or recycler.)

Grantee Name:		Voucher No.:	
Salvage Yard / Recycler Name:		Salvage Yard / Recycler Phone No.:	
Salvage Yard / Recycler Address:	City:	State:	Zip Code:

WOOD HEATING DEVICE DISPOSED / RECYCLED: <i>(Specify MAKE and MODEL or include best description)</i>

The wood heating device listed above was received for disposal or recycling and has been rendered inoperable so it cannot be used as a wood heating device in California again.

The unit will only be resold as scrap metal or be 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:

Salvage Yard Signature

Print Name

Date