



WOODSMOKE REDUCTION PROGRAM INSTALLER CERTIFICATION FORM



(To be completed by the installer.)

Grantee Name:	Voucher No.:		
Installer Name:	Installer License No.:		
Installer Mailing Address:	City:	State:	Zip Code:

DATE OF INSTALLATION:

EXISTING DEVICE TO BE REMOVED: <i>(Specify make and model or include best description)</i>

REPLACEMENT DEVICE: <i>(Must be the EXACT MAKE & MODEL listed in the In-Home Estimate & Proof of Old Device Eligibility)</i>

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

Installer Signature

Date

Print Name