



# WOODSMOKE REDUCTION PROGRAM

## IN-HOME ESTIMATE & PROOF OF OLD DEVICE ELIGIBILITY



Applicant Name:	Phone No.	Email Address	
Physical Address:	City:	State:	Zip Code:
Installer Name:			

### EXISTING HOME HEATING DEVICE

Color Photograph Attached

Make:	Model:	Year Manufactured/Age:
Existing Device Type:		
<input type="checkbox"/> Freestanding Wood Stove <input type="checkbox"/> Wood Burning Insert <input type="checkbox"/> Open Hearth Fireplace*		
<i>*For Fireplaces Only:</i>		
Is the existing fireplace structurally sound?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your installation estimate include additional labor and/or materials to render the fireplace permanently inoperable?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does sufficient evidence exist that this device is used as a primary source of heat?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the old device currently installed and in working condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the old device one of the following?		
<input type="checkbox"/> Wood stove/insert installed prior to 1988 <input type="checkbox"/> Wood stove/insert's manufacturer and model is not listed on the U.S. EPA current and historical list of certified wood heaters <sup>1</sup>		

Additional information identifying age and/or non-EPA Certification status (attach additional pages if necessary):

<sup>1</sup> U.S. EPA Certified Wood Stove Database: <https://www.epa.gov/compliance/epa-certified-wood-heater-database>



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### INSTALLATION ESTIMATE

Estimate Attached

Cost of Installation:	Cost of Materials:	Cost of Labor:
<p><b>New Device Type:</b></p> <p><input type="checkbox"/> Electric stove heaters or inserts</p> <p><input type="checkbox"/> Electric heat pumps</p> <p><input type="checkbox"/> Pellet stoves or inserts</p> <p><input type="checkbox"/> Hybrid wood stoves or inserts</p> <p><input type="checkbox"/> Catalytic wood stoves or inserts</p> <p><input type="checkbox"/> Non-catalytic wood stoves or inserts: _____  <span style="display: block; text-align: right; font-size: small;"><i>Enter the eligible model from the list below.</i></span></p>		
<p>Does the applicant have properly functioning smoke and carbon monoxide detectors? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="text-align: center;">If no, please include the purchase and installation of these devices in your installation quote.</p>		

I certify that the information contained on this form is true and accurate, and that I am licensed to install the new home heating device listed in the attached installation estimate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\* ELIGIBLE NON-CATALYTIC STOVES & INSERTS:**

Manufacturer Name	Model Name
Energy Distribution	Invicta Group: Kazan, Kazan GA, Kiara, and Kiara GA
Energy Distribution	Gaya Ardoise, Itaya, Onyx, Gaya Feuille, Symphonia, Antaya, Theia, Akan
HHT/Hearth and Home Tech	21M-ACC-C, Discovery-1-C
Hearth and Home Technologies	Quadra Fire Expedition II and Vermont Castings Montpelier II