



**EASTERN KERN AIR POLLUTION CONTROL DISTRICT**  
2700 "M" STREET SUITE 302, BAKERSFIELD, CA 93301-2370  
PHONE: (661) 862-5250 • FAX: (661) 862-5251 • [www.kernair.org](http://www.kernair.org)



**WOODSMOKE REDUCTION PROGRAM  
RECYCLER CERTIFICATION FORM**

**Name of Homeowner or Voucher Number** \_\_\_\_\_

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**To be completed by Vendor**

Make and Model # of Device being Recycled:

Make: \_\_\_\_\_

Model: \_\_\_\_\_

I certify that this stove was delivered to:

Name of Recycler: \_\_\_\_\_

To be destroyed rendered usable only as scrap, and recycled.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_