

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

WOODSMOKE REDUCTION PROGRAM **RECYCLER CERTIFICATION FORM**



| Name of H | Homeowner o | r Voucher | Number | |
|-----------|-------------|-----------|--------|--|
| | | | | |

For Completion by Recycler:

Date:

Make and Model # of Stove delivered for recycling:

I certify that this stove was delivered to:

Name of Recycler

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

Printed Name:______ Signature: ______