



## WOODSMOKE REDUCTION PROGRAM CHANGE-OUT APPLICATION

**You must complete the application and receive an APCD voucher before you order or purchase a device or begin any work on your change-out project.**

**IMPORTANT – PLEASE READ**

- **Proof of a Finalized Permit from your local jurisdiction is required upon completion of your project (after you receive an APCD voucher). You do not have to secure a payment for your permit prior to getting a voucher from the APCD.**
- **You may not have started work of any kind on your project and have not ordered your chosen device from a retailer or installer prior to receiving an approved voucher from the APCD. If the APCD determines that work was done, a deposit was made or device ordered prior to receiving a voucher, you may be disqualified from the program.**

### **APPLICATION CHECKLIST – All of the following items must be submitted with your application.**

**Completed Application:**

- ☐ Complete and submit the items from this checklist and ALL application pages; sign and date. Applications can be emailed, mailed or hand-delivered to the APCD.

**Price Quote for Program Eligible New Wood Burning, Electric Stove Heater or Electric Ductless Mini-split or Ducted Heat Pump:**

- ☐ Itemized quote for an eligible replacement device, listing parts, tax and shipping costs.
- ☐ Itemized quote for any UPGRADES above the BASE estimate (UPGRADE costs beyond the BASE MODEL costs are not eligible).
- ☐ Itemized quote for installation, parts and labor to complete the project. The installation quote can be combined with the appliance quote if the dealer will be doing the installation.
- ☐ Quotes must identify the participating installer/contractor and provide contact information.
- ☐ Provide the manufacturer's specification sheet for the new device. The installer/contractor should be able to provide this information.

**Photo Guidelines - Old Wood Burning Device – BEFORE:**

- ☐ Photos must be taken before any installation of new device begins (e.g. new electrical outlets, gas lines, etc.).
- ☐ Photos must clearly show the existing wood fireplace or woodstove in its original location and with the background clearly shown. For freestanding stoves, a photo must show pipe and ventilation system intact.
- ☐ Include at least one close-up with any screen doors open.
- ☐ Photos of any applicable chimney taken from ground level; include one that shows the entire chimney & one showing the chimney top.
- ☐ If the new device will be installed in a different location from the old wood device, also include before photos of the location where the device will be installed.
- ☐ Provide legible photos of any accessible manufacturer tags. If none are accessible, please indicate with an "NA" in this box.

**Photos can be emailed to Meghan Field ([woodsmoke@slocleanair.org](mailto:woodsmoke@slocleanair.org)) as long as the combined file size of the photos being submitted is less than 8MBs. Include your name and address with email of photos.**

**Home Heating Replacement Eligibility**

- ☐ Self-certify that your wood stove or fireplace is currently operational, and you have used it as one of your primary sources of heat.
- ☐ If your existing device is a wood burning stove certify that it was installed prior to 1988 and/or does NOT comply with 1988, 1990, 2015 or 2020 particulate matter emission standards; call APCD for guidance. If you have a fireplace, mark this "N/A."

**Determining Low-Income Eligibility**

- ☐ If you will be applying for an increased incentive based on low-income status, proof of low-income eligibility is required. Please complete the "Low-Income Verification" page of this Application.

**Homeowner Status**

- ☐ If you are not the legal owner of the property, written permission of the property owner is required to participate in the Woodsmoke Reduction Program. Please fill out and return a signed copy of the permission letter template attached to this application.
- ☐ I am the property owner.
- ☐ I am not the property owner. My relationship with the owner is: \_\_\_\_\_

## APPLICANT INFORMATION

Full Name:		
Mailing address Street:		
City:	State:	ZIP code:
Phone:	E-mail:	
Device physical address (if different from above) Street:		
City:	State:	ZIP code:
Applicant Status (check one): <input type="checkbox"/> I am the homeowner purchasing for my primary residence at "Device Address" above. <input type="checkbox"/> I am the property owner purchasing for a home used as a long-term rental property at the "Device Address" above. <input type="checkbox"/> I am a tenant purchasing for the "Device Address" above <b>(please provide written permission from homeowner to participate in the Woodsmoke Reduction Program)</b>		
Application Type: <input type="checkbox"/> Standard Application <input type="checkbox"/> Low-Income Application <b>(additional docs required, see Low-Income Verification, also check appropriate box below)</b> <input type="checkbox"/> Proof of participating in a federal or state income assistance program (WIC, CARE, LIHEAP) <input type="checkbox"/> Household qualifies as low income based on the SLO County specific low-income levels (see low-income section in this application)		
Have you ever received funding for other SLO County APCD grant programs? If so, please list:		
Will you be applying for this project from another agency? If so, please list, and include value:		

## PRIMARY SOURCE OF HEAT CERTIFICATION

To be eligible for this program, you must certify that your uncertified wood stove, insert, or fireplace is currently operational and that within the last year, you have used it as a primary source of heat.	
I certify that my wood stove, insert or fireplace is operational and is used as a primary source of heat. <i>*Please Note that your project may be audited in the future to determine accuracy in primary source of heat determination.</i>	
Signature:	Date:

## BUILDING PERMIT REQUIREMENT ACKNOWLEDGEMENT

To receive funding for your project, all documentation listed on the voucher you receive must be submitted. By signing below, you understand that a finalized building permit is REQUIRED from the jurisdiction in which the project resides. Failure to obtain a permit will cause you to be ineligible for funding.	
I certify that I understand a building permit is required for my project and to receive funding.	
Signature:	Date:

## OLD DEVICE INFORMATION

Does your stove have visible labeling listing its particulate matter emission level? You may need to look inside the unit. If yes, please list:

Does your stove list a U.S. EPA Stove Certification Label on the back? If yes, please list:

Please check from the following list to identify which category your project fits:

- ☐ Fireplace to an electric stove heater
- ☐ Fireplace to an electric ductless mini-split or ducted heat pump (Note: For projects located in an area with cold winter temperatures (e.g. Northern SLO County), for improved efficiency, the specified mini-split/heat pump needs to be rated for high output heat for low ambient temperature conditions. Such mini-splits/heat pump do not augment heat with heat strips).
- ☐ Fireplace to a pellet, hybrid, catalytic or select non-catalytic wood stove
- ☐ Uncertified wood stove or insert to an electric stove heater
- ☐ Uncertified wood stove or insert to an electric ductless mini-split or ducted heat pump (Note: For projects located in an area with cold winter temperatures (e.g. Northern SLO County), for improved efficiency, the specified mini-split/heat pump needs to be rated for high output heat for low ambient temperature conditions. Such mini-splits/heat pumps do not augment heat with heat strips).
- ☐ Uncertified wood stove or insert to a pellet, hybrid, catalytic or select non-catalytic wood stove

In an average heating season, how much wood do you typically burn? (Note: Completion of this section is **MANDATORY**):

Average annual days used:

Cords of wood per season (4 ft x 4 ft x 8ft): OR Number of bundles burned per week:

OR

## NEW DEVICE INFORMATION – PLEASE COMPLETE - ONLY PROVIDING THE INVOICE FROM THE DEALER DOES NOT SUFFICE

Device Make:

Device Model:

Indicate which category your new device falls within. If you are unsure, work with your installer/contractor.

- ☐ Electric Stove Heater
- ☐ Electric ductless mini-split or ducted heat pump. (Note: For projects located in an area with cold winter temperatures (e.g. Northern SLO County), for improved efficiency, the specified mini-split/heat pump needs to be rated for high output heat for low ambient temperature conditions. Such mini-splits/heat pumps do not augment heat with heat strips).
- ☐ Pellet Stove
- ☐ Hybrid Wood Stove
- ☐ Catalytic Wood Stove
- ☐ Select Non-Catalytic Wood Stove (only certain devices apply, see Guidelines for list)

If you are getting an electric ductless mini-split or ducted heat pump, will you be keeping your old woodburning device to use in emergency situations only when power may go out? **IF YES, PLEASE SIGN & COMPLETE THE DECLARATION AT THE END OF THIS APPLICATION.**

- ☐ YES
- ☐ NO

Name of Participating Installer/Contractor:

Address of Participating Installer/Contractor:

Participating Installer/Contractor City:

State:

ZIP Code:

Participating Installer/Contractor Phone:

Contact Person:

**State License Number for the Licensed Installation Contractor:**

**Please provide itemized quotes for the purchase and installation of your selected stove or insert. Any items above and beyond the base cost of the device must be itemized out and are not eligible.**

## APPLICANT'S STATEMENT – PLEASE READ AND CONFIRM ELIGIBILITY

**By signing this application, I certify that I have read, understand and will adhere to the SLO County APCD Woodsmoke Reduction Program Guidelines, and agree to all the following:**

- I will be either removing an operable, old device or modifying a wood burning fireplace at the project address specified on this application.
- If I am installing an electric ductless mini-split or ducted heat pump, and I choose to keep my old device, I certify it will only be used in emergency power outage situations to heat my home.
- The wood burning device is located in a residential property that I currently own or have written permission from the homeowner to replace.
- The wood burning device is in a property used as my primary residence or as a long-term rental.
- I have not started work of any kind on the project I am applying for.
- I will not order my chosen device from a retailer or installer prior to receiving an approved voucher from the APCD.
- I will not make any payments to my chosen device retailer or installer and I will not begin any work on my change-out project until I have received an approved voucher from the APCD.
- Submission of this incentive application does not guarantee receipt of a voucher for my change-out project; this grant program has limited funds and will terminate upon depletion of program funding.
- To be considered for funding, this application must be complete with the prescribed photographs and all requested information.
- I authorize APCD staff, officers or agents to conduct all necessary on-site inspections of the old device being replaced and of the new installed device in order to verify compliance with program requirements.
- I understand that this program and the city in which I reside (or County for projects outside city limits) requires a building permit to complete the installation of the new device and to receive the reimbursement.
- I certify that I am using my current wood burning device as a primary source of heat in my home.
- I agree to receive training on proper wood storage and wood burning practices (if applicable) and device operation and maintenance.
- **I understand that should additional research show that any of the above items have not been met, I may be disqualified from the program and deemed ineligible to receive any funding.**
- I will email all required pre-installation photos to [woodsmoke@slocleanair.org](mailto:woodsmoke@slocleanair.org).
- I indemnify, defend and hold harmless the APCD and their officers, employees, agents and contractors, from and against any claims, liabilities, costs, damages or losses of any kind that arise from or are alleged to arise from my participation this wood burning device change-out program.

Printed name:

Signature:

Date:

*Return completed application to:*

San Luis Obispo County Air Pollution Control District  
Attn: Woodsmoke Reduction Program - SLO  
3433 Roberto Court  
San Luis Obispo, CA 93401  
805.781.5912

If you have any questions, please contact:  
Meghan Field at 805-781-1003.

Applications may also be submitted via email to  
[woodsmoke@slocleanair.org](mailto:woodsmoke@slocleanair.org).



## LOW-INCOME VERIFICATION FORM

**Please submit this form with the Application if you think your household may qualify for the Woodsmoke Reduction Program's low-income provision.**

Full Name:

Phone:

E-mail:

Low-income households are eligible to replace their heating device for little or no cost. To qualify for this extra incentive, applicants must demonstrate low-income eligibility.

### Documents Required for Income Verification of all Household Members

Proof of participation in an existing federal or state low-income assistance program may establish eligibility for this incentive program. Please check the box or boxes below for programs that you participate in and include current documentation of your participation with your application. The name of the applicant for this incentive program must match the name on the assistance program document:

- ☐ Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Program
- ☐ Low-Income Energy Assistance Program (LIHEAP)
- ☐ California Alternate Rates for Energy (CARE) Program with a participating California utility company
- ☐ Other program (please list):

If you do not participate in any of the above listed low-income assistance programs, you may also qualify if adjusted gross income of your household for 2022 did not exceed the low-income limits, as defined by the California Department of Housing and Community Development. Please see the table below to determine if you qualify.

If you believe you qualify, provide a completed copy of the summary of your Tax Return Transcripts or federal income tax form 1040 (Pages 1 & 2) for tax year 2022 for all members of the household who filed taxes. You can obtain a free Tax Return Transcript at <https://www.irs.gov/individuals/get-transcript>.

# of People in Household	Max ANNUAL Income
1	\$61,250
2	\$70,000
3	\$78,750
4	\$87,500
5	\$94,500
6	\$101,500
7	\$108,500
8	\$115,500

### Please provide the following information:

- Household includes all family members or other persons, including yourself, who reside together.
- The total adjusted gross income for all household members includes all sources of income, including but not limited to wages, unemployment, social security, veteran's benefits, etc.

1. Number of people in your household (include yourself):	
2. Total household Income:	
DISTRICT USE ONLY	<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible



## LOW-INCOME VERIFICATION FORM (continued)

I acknowledge that the information provided on this form will be used to assess and verify my low-income eligibility for the Woodsmoke Reduction Program. I declare, under penalty of perjury under the laws of the State of California, that to the best of my knowledge the information on this application is true and correct. I understand that submitting false information may result in criminal conviction or in a civil penalty, and that I will not be eligible to receive future assistance.

<b>Printed Name:</b>	<b>Signature:</b>	<b>Date:</b>
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## Homeowner / Landlord Consent

I, \_\_\_\_\_ (Landlord), who is the legal owner of the real property located at \_\_\_\_\_ (address), hereby grants consent to \_\_\_\_\_ (Tenant), to apply for and participate in the Woodsmoke Reduction Program (Program) with the SLO County Air Pollution Control District (APCD).

- Landlord has read and is familiar with the APCD Woodsmoke Reduction Program Guidelines.
- Landlord hereby grants permission to Tenant to represent Landlord's interest as it applies to the application and participation in the Program at the above identified property.
- Landlord agrees to not raise the rent of the rental unit for a period of two years or evict the unit's residents because of increased value of the unit due solely to the newly installed home heating device.
- Landlord understands that Tenant will contract with a Participating Dealer (a licensed contractor) to remove the existing wood stove or fireplace from the property and replace it with a cleaner-burning wood stove, wood burning insert or electric ductless mini-split or ducted heat pump, per the Program guidelines.
- If the Landlord or Tenant has completed the Emergency Use declaration at the end of this application, and a heat pump is being installed, the old wood burning device may be retained in emergency use situations only.
- The installation will be permitted through and inspected by the local competent building authority and Landlord grants permission to Tenant to obtain said permit and inspection.
- Landlord understands that Tenant will receive an incentive payment from APCD to pay, in full or in part, for the device.
- The device is and remains part of the real property owned by Landlord and no right of ownership of the device is granted to Tenant.

By signing this authorization, Landlord and Tenant indemnify, defend and hold harmless the APCD and their officers, employees, agents and contractors, from and against any claims, liabilities, costs, damages or losses of any kind that arise from or are alleged to arise from participation this Program.

\_\_\_\_\_  
**Landlord Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Tenant Signature**

\_\_\_\_\_  
**Date**



## EMERGENCY USE DECLARATION

The intention of this program is to secure emission reductions through the permanent removal of any wood stove or fireplace. However, for those applicants migrating their heating solution to an electric heat pump, it is understood the importance of ensuring adequate heat in the case of an emergency power outage situation.

If the replacement device being installed is an electric heat pump, the household may be allowed to retain the old wood burning device to serve as emergency heat in case of a power outage. The approval to retain the old device will be granted on a case-by-case basis by the SLO County APCD. Households are required to sign this separate declaration to use their old device ONLY in the case of a power outage.

By signing this page, you are acknowledging that you will be installing an electric heat pump in your home and would like to retain your old wood burning device to be used in EMERGENCY POWER OUTAGE SITUATIONS ONLY.

Printed name:

Signature:

Date:





The following pages are ONLY required if your installer is not already an Approved Installer/Contractor for this program. There are license and insurance requirements for participating installers. Please provide this application to your installer if they wish to work with us.

## WOODSMOKE REDUCTION PROGRAM Installer/Contractor Application & Agreement

### Installer/Contractor Information

Full Name of Owner or Principal:		
Business Name:		
California Contractors State License Number:		
To participate in this program, you must hold a special license, issued by the CA Contractors State License Board. Please indicate which active license, issued by the California Contractors State License Board that you currently hold (please see list of special conditions in the Program Guidelines): <input type="checkbox"/> C61/D34 (allowed to install wood stove/insert, pellet stove/insert, electric stove/insert heater) <input type="checkbox"/> C20 (allowed to install wood stove/insert, pellet stove/insert, electric stove/insert heater, heat pump) <input type="checkbox"/> B (allowed to install wood stove/insert, pellet stove/insert, electric stove/insert heater, heat pump)		
Mailing address Street:		
City:	State:	ZIP code:
Phone:	E-mail:	

### Insurance Requirements – Please provide certificates of insurance for all of the following required coverages or provide waiver or exemption form.

<input type="checkbox"/> <b>Commercial General Liability</b> Installer/contractor shall maintain general liability on an occurrence form with limits not less than \$1,000,000 per and \$2,000,000 aggregate for bodily injury and property damage liability. The policy shall include coverage for liabilities arising out of premises, operations, independent contractors, products, completed operations, personal and advertising injury, and liability assumed under an insured Project agreement. This insurance shall apply separately to each insured against which claim is made, or suit is brought subject to the installer/contractor's limit of liability. <b><i>The policy must name the State of California, its officers, agents, and employees as additional insured, but only with respect to work performed under this Agreement.</i></b>
<input type="checkbox"/> <b>Automobile Liability</b> Installer/contractor shall maintain motor vehicle liability with limits not less than \$1,000,000 combined single limit per accident. Such insurance shall cover liability arising out of a motor vehicle including owned, hired and non-owned motor vehicles. <b><i>The policy must name the State of California, its officers, agents, and employees as additional insured, but only with respect to work performed under this Agreement.</i></b> In the event that the installer/contractor does not have any commercially owned motor vehicles, a no-owned autos waiver must be completed and provided to the APCD. A sample waiver form is included in this Application.
<input type="checkbox"/> <b>Worker's Compensation and Employer's Liability</b> Contractor shall maintain statutory workers' compensation and employers' liability with a minimum limit of \$1,000,000 for all its employees who will be engaged in the performance of work under this Program. <b><i>If work is performed on state-owned or controlled property, the Workers' Compensation policy shall contain a waiver of subrogation in favor of the State. The waiver of subrogation endorsement shall be provided to the APCD.</i></b>  In the event that the installer/contractor does not have any employees, a worker's compensation statement of exemption form must be completed and provided to the APCD. An example exemption form is included in this Application.

## Installer/Contractor Agreement

**By signing this agreement, I certify that I have read, understand and will adhere to the SLO County APCD Woodsmoke Reduction Program Guidelines, and agree to all the following:**

- I have a minimum of three (3) years of experience installing home heating devices to manufacturer specifications.
- I possess an appropriate active license issued by the California Contractors State License Board and will continue to possess it throughout my work on this Program.
- I have provided proof of insurance and have ensured that my active policies have named the State of California, its officers, agents, and employees as additionally insured, but only with respect to work performed under this Program.
- I will maintain appropriate insurance coverage over the life of my participation in this Program.
- I agree to abide by the terms and conditions of the Program.
- I will verify that the old device and the replacement device qualify for the Program.
- I will conduct professional installation of the qualified device in compliance with all applicable state, county, city, or tribal codes/ordinances and I will help assist applicants in obtaining all required permits.
- I will provide residents with training on new device operation and maintenance and, if applicable, for wood burning devices, best practices in wood storage and wood burning.
- For heat pump projects in northern San Luis Obispo County, I will only quote and install electric ductless mini-split or ducted heat pumps. (Note: For projects located in an area with cold winter temperatures (e.g. northern SLO County), for improved efficiency, the specified mini-split/heat pump needs to be rated for high output heat for low ambient temperature conditions. Such mini-splits/heat pumps do not augment heat with heat strips).
- I will render the old device inoperable and recycle it, if recycling is available in the area.
- If my customer is installing an electric heat pump and plans to retain their old wood burning device to be used in emergency power outage situations only, I will ensure they have completed the Emergency Use Declaration with the SLO County APCD.
- I will provide a quote that includes the base cost of an eligible replacement device. The quote will include any costs, itemized, that are above and beyond the base cost. Upgrades and options are ineligible costs.
- I will ensure that I work with residents to complete all projects within 90 days of their voucher issue date or communicate with APCD staff if there are going to be delays of any kind in project completion. I understand that if my project is not completed for the customer in 90 days, it may void their voucher and they will be ineligible for Program funding.
- I certify that everything included in this application and agreement is accurate.

Signature:

Date:

Printed Name:

## Insurance Waiver Forms and Examples

### Automobile Liability

**Contractor's name and address on company stationary**

Current Date

Department Name

Re: No Owned Autos

To Whom It May Concern:

Please know and mark your records to show that (contractor's name) does not own any automobiles. Should (contractor's name) purchase an auto(s) during the term of its performance of work for the SLO County APCD Woodsmoke Reduction Program, it will obtain owned auto coverage and provide evidence to SLO County APCD.

Sincerely,

**Name/Title of Owner, Member, Partner or Corporate Owner of the Contractor**

## Insurance Waiver Forms and Examples (continued)

### Workers' Compensation and Employer's Liability

#### Workers' Compensation Statement of Exemption

Contractor must submit this form to the SLO County APCD, certifying under penalty of perjury that he or she does not employ anyone in a manner that is subject to the Workers' Compensation laws of California (see Business and Professions Code Section 7125).

#### DO NOT SUBMIT THIS FORM IF YOU HAVE EMPLOYEES

For exemption from workers' compensation, you must complete the requested information and sign form.

**Please type or print neatly and legibly in black or dark blue ink.**

#### SECTION 1 – REQUIRED INFORMATION

Contractor's Name:		
Contractor's License Number:		
Mailing address Street:		
City:	State:	ZIP code:
Cell Phone:	E-mail:	

#### SECTION 2 – REQUIRED CHECK BOX

##### YOU MUST CHECK ONLY ONE OF THE BOXES BELOW

- ☐ I do not employ anyone in the manner subject to the workers' compensation laws of California.
- ☐ I am an out-of-state contractor, and I do not hire employees who reside in California. (You must provide a certificate of insurance from your workers' compensation insurance carrier).

#### SECTION 3 – REQUIRED SIGNATURE

I certify under penalty of perjury under the laws of the State of California that the information provided on this exemption statement is true and accurate. I understand that, upon employing anyone in a manner that is subject to the workers' compensation law of the State of California, the claim of exemption executed under this form will no longer be valid. I also understand that, as soon as I employ anyone subject to California's workers' compensation law, I must obtain a Certificate of Workers' Compensation Insurance, submit that to the State of California and/or the SLO County APCD within 90 days of its effective date, and continuously maintain the coverage provided by the certificate in accordance with the law and as a requirement of this Agreement. I further understand that failure to comply with this requirement is grounds for disciplinary action.

Signature:	Printed Name:	Date:
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