

Voucher Tracking Form

This form is to be completed by a retailer (the “Retailer”) that has registered with the American Lung Association of the Southwest, Inc., a Colorado not-for-profit corporation (the “ALAC”). In order to participate in the Wood Stove Changeout Program, please send this form to: American Lung Association in Colorado, 5600 Greenwood Plaza Blvd., Suite 100, Greenwood Village, CO 80111.

Date: _____ Voucher #: _____

Consumer’s Name: _____

Phone: _____ E-mail: _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____

Current Non-EPA Certified Wood Burning Appliance

Manufacturer: _____ Model: _____

Manufacture Date: _____ Appliance Photo Attached: Yes

New EPA Certified Device

Manufacturer: _____ Model: _____

New Stove Type: Wood Pellet Gas Other _____

Retrofit Description (if applicable): _____

Date of Appliance Changeout: _____ New Appliance Photo Attached: Yes

Retailer Information

Retailer Name: _____ Phone: _____

Retailer Address: _____

City: _____ State: _____ Zip: _____

Installation

Name of Certified Installer: _____
(The EPA recommends that installers be NFI certified)

Name of Installer Organization: _____

Voucher Logistics

Voucher value issued (towards the purchase of):

- \$400 (EPA Phase II retrofit device or cleaner-burning natural gas fireplace)
- \$750 (EPA certified wood stove Eligible Replacement Appliance*)
- \$1,000 (EPA certified wood stove meeting 2020 Step 2 emission limits Eligible Replacement Appliance*)
- \$1,500 (Natural gas or propane stove or an EPA certified wood pellet stove Eligible Replacement Appliance*)
- \$3,000 (full replacement of existing appliance for installation of Eligible Replacement Appliance*)

**Eligible Replacement Appliance: (i) replacing older hydronic heaters with EPA-certified hydronic heaters, or with EPA-certified wood stoves, other cleaner-burning, more energy-efficient hearth appliances (e.g., wood pellet, gas, or propane appliances), or EPA Energy Star qualified heating appliances; (ii) replacing non-EPA certified wood stoves with EPA-certified wood stoves or cleaner-burning more energy-efficient appliances; and (iii) replacing or retrofitting wood-burning fireplaces with EPA Phase II qualified retrofit devices or cleaner-burning natural gas fireplaces.*

Recycling

- The old wood stove has been removed from the residence: Yes
- The old wood stove's doors have been removed and hinges destroyed prior to the stove's release to a recycling facility: Yes
- The old wood stove has been released to a recycling facility and that the stove is to be destroyed: Yes

Name of Recycling Facility: _____ Date: _____

Signature of Recycling Facility (that received the replaced stove): _____

Please Clearly Print Name and Title: _____

Certification of the Retailer

The Retailer certifies to the ALAC that:

- The old stove replaced by the Retailer was not EPA-certified (*Note – The Retailer will ONLY be reimbursed for replacing stoves that are NOT EPA certified*): Yes
- The old stove replaced by the Retailer was in use prior to replacement: Yes
- The installed device was new: Yes

The Retailer certifies to the ALAC that the information contained on this tracking form is accurate and the form is completely filled-out. The Retailer also agrees that the Retailer must meet the program requirements and be a participating retailer in order to receive reimbursement from the American Lung Association of the Southwest. This form must be submitted with ALL sections completed in order to receive reimbursement.

Name of Participating Retailer: _____ Date: _____

Signature of Participating Retailer: _____

Please Clearly Print Name and Title: _____

Checklist

To assure quick processing, please make sure you send all items listed:

- Rebate voucher enclosed
- Photo of old stove before removal
- Photo of new stove after installation
- Copy of invoice

Mail All To: American Lung Association in Colorado, Attn: Britt Coyne
5600 Greenwood Plaza Blvd., Suite 100, Greenwood Village, CO 80111